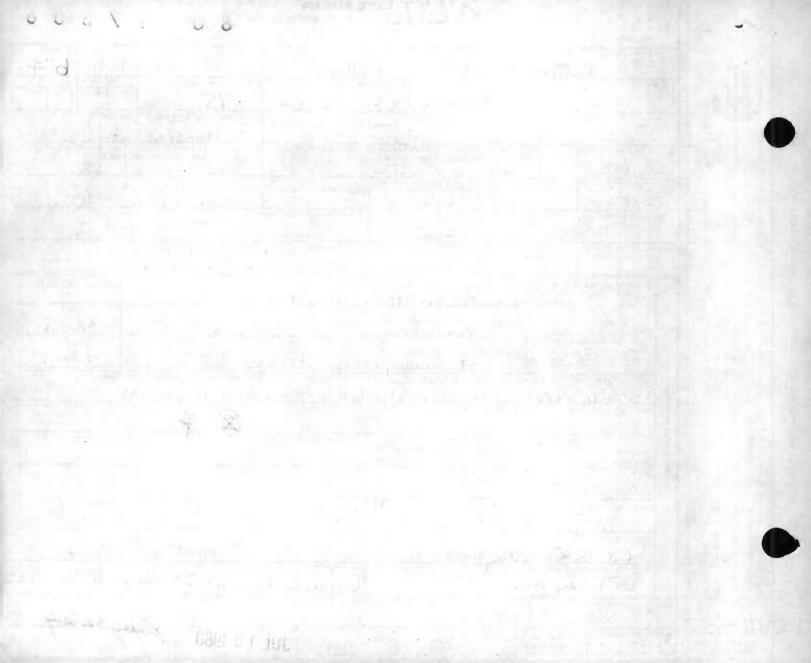
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th 3	1		EASED NAME FIRST DR PRINT)	my Ade	MIDDLE	V	ast Ilins	20. DATE OF DEA		DAY YEAR	26. HOUR
	3	SEX	6	4 RACE	205	S DATE C	DAY YEAR	6. AGE (IN YEARS LA		IF UNDER 1 YEAR	R IF UNDER 24 HRS
eral minimizations on concept at one	7	CO	EMALE THPLACE (STATE OR FOREIGN UNTRY) ARLYLAND		WHAT COUNTRY?	MARRIE	D NEVER MARRIED XX	BALTIMORE CI	TY OR COUNT	Y OF DEATH	
by the fun ed within 7	4	0 C11	Y OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN JCHFACILITY, GIVE STREET HERAN HOSI	ADDRESS)	DR OTHER INSTITUTION	12e USUAL OCCU			
should be filed in be should be filed by a should by a should be filed by a should be filed by a should be filed b	15	USU A	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTIO		ADMISSION)	138. INSIDE CITY LIMITS?	13R STREET ADDR 8000 S.			33144
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signed by the attending phy en please temove carbon pap to burial, cremation, or remo rinjury, or other traumatic e		z	PART 2 OTHER SIGNIFICANT	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSEQUI	ENCE OF	eric strok	PAINAL DISEASE OR	CONDITION G		days.
permit. The prior of shows any	2	CERTIFICATION	SCN 70 PAY	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	INS. WERE FIND IFYING CAUSE ES []	NO [
Mental Hyginal or Item 18	9	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	HOUR /	OF INJURY A.M. MONTH D. P.M. E OF INJURY	AY YEAR	216 HOW INJURY OCCUR	RED LENTER NATURE O	FIRJURY IN ITEM 18.		
as the bural In and In	Ì	MEI	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE, F	ARM, ETC I	STREET	1	ORTOWN	COUNTY	state ,, that (1) (we) last
should be detached for use a with the State Dept. of Heal	/		220. I certify that (1) this hosp saw the deceased alive o above (1) (we) did/did n 220. SIGNATURE 220. PHYSICIAN'S NAME (TYPE	n 1 oat) view the boo	19_		DEGREE ATTENDING PHYSICIAN [22R ADDRESS	MEDICAL DIRECTOR PI	STAFF	22c. DAT	ne causes stated E SIGNED
Or short	- 1		URIAL, CREMATION, REMOVA PECETY) BURIAL INERAL DIRECTOR SOL	1 7/10	/80	RNAT	JACOB 258. DA	TE REC'D. BY REGIS	IMORE OF TRANSPORTED	COUNTY SIGN	STATE ATURE
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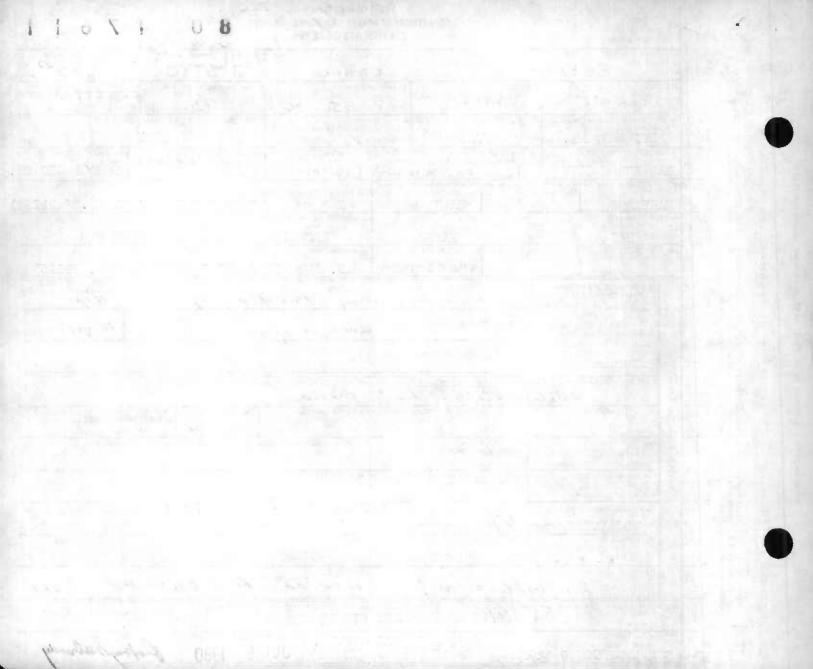
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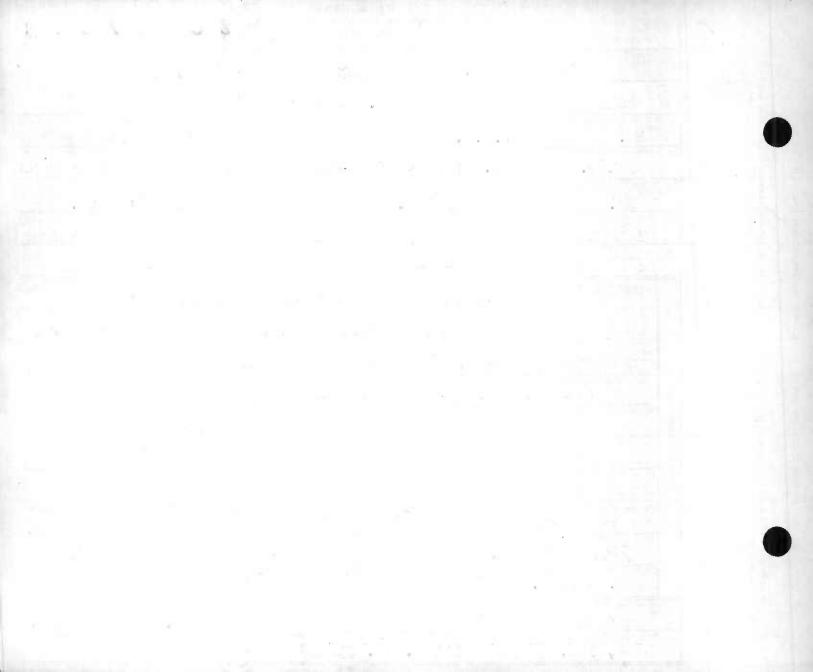
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6	۱.	FOR STATE REGISTRAR	DEPART	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0	17	6 1 3
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53<	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	1. "	D NEVER MARRIED	_	or County of DEATH	
Octified		ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING THE TOLSOM STEEL	IG HOME C		126. USUAL OCCUPATE STATE OF WORK FOR MOST O HOUSEWIE	ION 126 KIND OF WORKING LIFET INDUSTR	O OF BUSINESS OR
Sust be	13q.		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	som Street	ţ
exomine	$\overline{}$	ATHER'S NAME	MIDDLE COULE		15 MOTHER'S MAIDEN NAM	ME MIDDLE	7.7	Hill
medicot	láo V	VAS DECEASED EVER IN U.S. AR	WAR OR OATES)	RITY NO.	111	agner ADDRE		G.B.M.
njury, or other troumotic event, the	No	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	occlu ence of arter	riosclerosis	INAL DISEASE OR CON	Min	OXMATE INTERVAL IN ONSET AND BEATH LUTES.
shows ony in	CERTIFICATION	190 PATE OF OPERATION 4-19-73	denocarcinon			200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
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orked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
, 21 к то		22e I certify that (I) (the heaps) sow the deceased alive on, above, (I) (wertaid) (did not	July 8, 19 6	***	Oct. 9, 1972 and that in (my) (601) opinion of	to July 2 death occurred on the do		
NT. # #ea		226 SIGNATURE	Plui			MEDICAL STATE	FF O7	-22-80
MPORTANT		224 PHYSICIANS NAME (TYPE OF	Chiu, M.D.		1 E. Randa	ll Street,	Baltimore, M	id. 21230
≤	23a (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			emetery or crematory hedral Cemete	23d LOCATION CITY OF TOWN	county	STATE
7/7B		uneral director dully Funeral.	Home, 130 E. Fort	Ave.L	Balto. Md. JUI	E REC'D. BY REGISTRAR	23b. REGISTRAR'S SIGN.	acresdy_

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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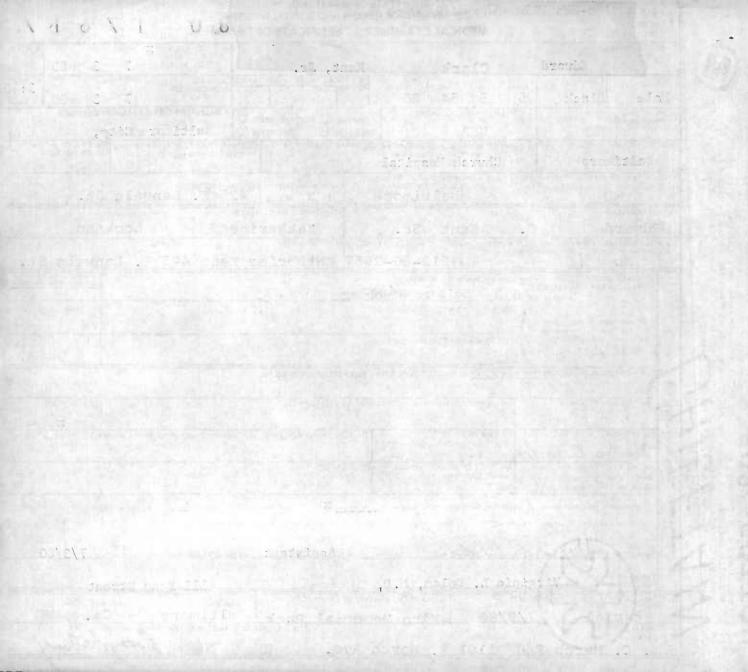
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134	(VR A15 ME (5))	Te	name	J. Ruck.	ADDRESS B	altim	ore, M	arvl	and	JUI		1980	, ,,,,	/		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN K 2h HOUR (TYPE OR PRINT) ESTI-Kennedy Paul 1980 DEATH MATED 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2c. DATE 2d HOUR MONTH LAST BIRTHDAY black PRONOUNCED Male 80 15 57 21 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) MD Baltimore City USA WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS SUCH FACILITY, GIVE STREET ADDRESS! 900 Blk Argyle Avenue 3. RETAIN SHOULD BE FILL RECORDS. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 810 E. Preston St. YESK 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Willie Kennedy Dora Bannett 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Willie Kennedy (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-68-5683 Melvin 810 E. Preston St No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gun shot wound of chest Gun: Unspecified DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH UNDERLYING 10 MEDICAL :00AM subject shot CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE AT WORK AT WORK street 900Blk Argyle Avenue, Baltimore City. MD 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion ARYLAND. Homicide XX death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Assistant 7/27/80 SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 8/2/80 Baltimore Burial King Memorial Pk. MD Co. BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. 1980 VR A15 ME (5)) C. March F/H 15M 7/77

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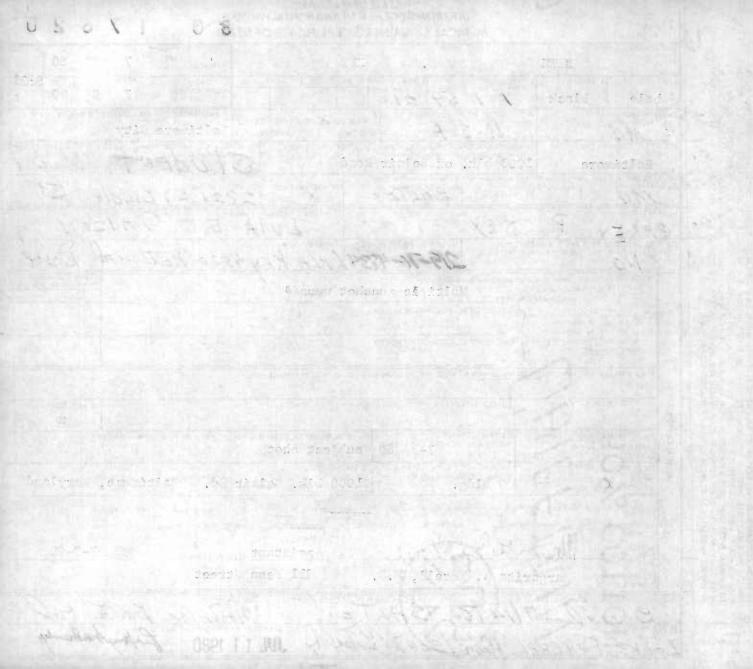
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l		ATHER'S NAME FIRST Edward VAS DECEASED EVER IN U.S. A	C. Kent	Sr.		Kather Kormant		ADDRES		kma n	
	(4	NO (IF YES, GN	E WAR OR DATES)	212-60-2	270 10		e Kent				St.
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		ACTUAL SIGNATURE	rginia L. Dol	ent , Suicio	TI	Homicide		nanner .	DATE SIGNI	ED 7/3 /	'80
	(5	URIAL, CREMATION, REMOVAL Burial INSERT DIRECTOR	23b. DATE 2 7/9/80	King Me		1_Park_	23d LOCATION CITY OR TOWN Balti	more	con con	Co .	STATE MD.
)	24. FU	INERAL DIRECTOR	ADDRESS	E North		25a. DATE RE	C'D. BY REGISTR	AR 256. REG	ISTRAR'S	SIGNATURE	ola



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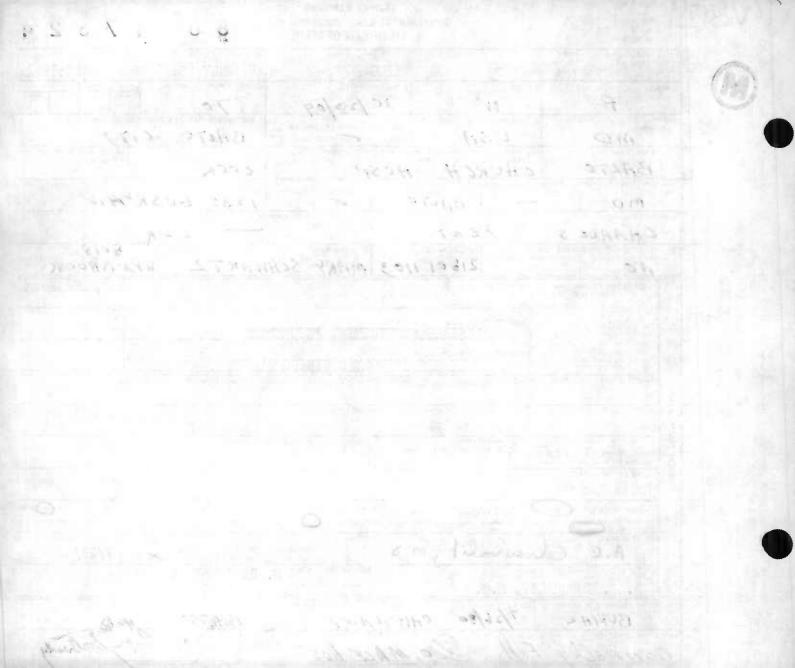
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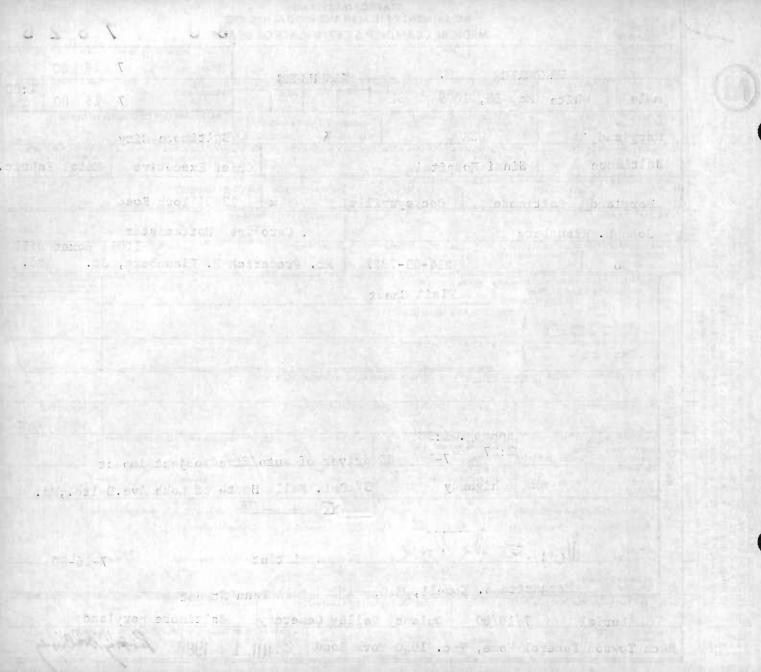
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BALTIMORE CLTY U.S.A. I ana BALTIMORE - ST AGES 10SPITAL e ren 731 ino e . x 2002 W. P at St. 27223 novers Lottle Mar h-ew-A 227-05-4347 (eor e L. Kr., S..: 2002 II. F a.t St. 21227 Bral following the 1 553 7 F e al Hone: 410 Wil ens 1 = . 8102



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEACH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-16, 80 FREDERICK 6. AGE (IN YEARS IF UNDER 4. RACE DATE 241HOUD May 18, 1899 PRONOUNCED male white 16 1980 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED X Maryland DIVORCED Baltimore City IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore Sinai Hospital Chief Executive Metal Fabric RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE HI36 & OUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 13801 York Road Maryland Baltimore Cockeysville NO 5 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OFVIT Hoffmeister John H. Klaunberg Caroline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 12014 Boxer Hill (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES DIVISIO 214-03-7927 Mr. Frederick H. Klaunberg, Jr. Rd. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Flail Chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CHIE R: PAGE 3 SHOULD BE USI E STATE DEPARTMENT OF 7, 21201 PRIOR TO BURIAL, C YES NO NO HPPTEON WILLY: 30 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) MEDICAL CONTRIBUTING CAUSE OF DEAT 1980 driver of auto/fixed object impact 21e. PLACE OF INJURY 21f. LOCATION highway WHILE AT WORK 3/10mi. Falls North of Lake Ave.Balto.,Md. DIRECTOR: PAC , WITH THE STA 220. I certify that I took charge of the remains described above, held an death resulted from: Undetermined manner TITLE (SPECIFY) EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MA Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell 230 BURIAL CREMATION REMOVAL 236 DATE Baltimore Maryland Dulaney Valley Cemetery Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5) Ruck Towson Funeral Home, Inc. 1050 York Road T5M 7/77



		1.	FOR STATE			DI	EPART/	STAT MENT OF H		AND M		IYGIENI	F		***		
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	第日 車 支票	3 SE	X	4. RACE	S. DATE OF	BIRTH	YEAR	6. AGE (IN YEAR	S IF UN		IF UNDER		C. DATE		HTHOM	DAY Y	EAR 2d HOUR
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	DHMH - 17 (VR A15 ME (5)) 15M 7/77		UNERAL DIRECT			ADDRESS	Balt	o., Md				VG ~	registrar 1980		RAR'S SK	GNATURE	indy

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IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical examiner must be notified at an

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					- 113

	REGISTRAR		CEI	KITFICATE OF DEATH	REG. NO	0.	2 4 Y
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	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
Mo	iryland	USA		OWED DIVORCED	Baltimo)	no Citu	M
10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12b, KIND	OF BUSINESS OF
R	altimore		en Nurs.		(TYPE OF WORK FOR MOST O		
USU.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE AOMIS	SION)		11241	10 00.
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	ATHER'S NAME	po	i como de	15. MOTHER'S MAIDEN		y Kun Lune	
	I a a wa t d	MIDDLE V	iaht	Angelin	MIDDLE	Greenla	AST d
60 V	Leonard NAS DECEASED EVER IN U.S. AI		SOCIAL SECURITY I		re Ocelia	ss	na
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			VIII	. Baltimor	e. Md.
nc			5-17-13	23 Mrs. Audi	rey K. Kuff		XIMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly one couse per-lu	tor for all fond (c'.)	11.0 1/0	Mellow	BETWEEN	ONSET AND DEATH
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	Conditions, if any, which	(jb)	00		(/		
	gove rise to immediate couse (a), stating the	DUE TO OR LO		0.5			
	underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE	OF			
	PART 2 OTHER SIGNIFICANT	(c)	DIBLUTING TO DEATH	AND NOT BELLED TO THE	FRUINIAL DISCASS OR CON	DITION CHIEN ALBART I	
Z	PART 2 OTHER SIGNIFICANT	COMPINONS COMI	CIBOTING TO DEATH	BOT NOT KELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART I	(0)
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FIC	- Control of Control	17.0 00.101.101	TON THIEF OF EN	THIS TO THE OWNED		IN CERTIFYING CAUSE	S OF DEATH?
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	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF IN.		EAR	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN	ACTORY, OFFICE	21f. LOCATION STREET	City of fow	A COUNTY	STATE
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	The state of the s		Do KC	and that in (my) (our) apir	nian death occurred on the de	the and hour and from th	
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	above // It well as the or above // It well as the first of the first	STAGO	(make)	DEGREE	Go MEDICAL STAI	22c. DAT	ESIGNED
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23a. f	274 PHYSICIAN'S NAME (17972	M G. HEL	fred FRICH,	ATTENDIN PHYSICIA	G. MEDICAL STAIN DIRECTOR PHYSICOLOGICAL PHYSICOLOGICA PHYSICOLOGI	FF July	13,1980 d.
- 1	THE PHYSICIAN'S NAME (THE WILLIAM) SURIAL, CREMATION, REMOVAL SPECIEVI	M G. HEL	FRICH,	ATTENDIN PHYSICIAL	G. MEDICAL STAIN DIRECTOR PHYSICOLOGICAL PHYSICOLOG	FF July	13,198

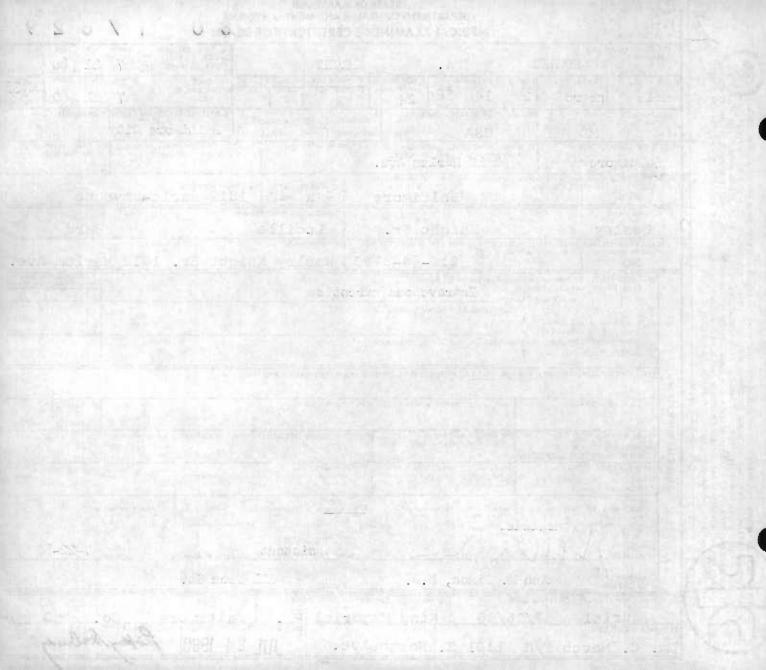
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
Howard K. McComas III, Abbingdon, Md.

250. DATE REC'D. BY REGISTRAR 251 DEGISTRAR 9 SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-EDWARD A. 10 80 KNTGHT DEATH MATED 3 SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 20 124045 56 LAST BIRTHDAY PRONOUNCED male negro 1.80 24 DEAD p M To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X FOREIGN COUNTRYS Baltimore City MD USA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore RETAIN SHOULD BI USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 1812 Harlem Avenue YES X NO T AL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OE WILL MIDDLE MIDDLE Weslev Knight Sr. Lucille Ward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-64-8793 No Wesley Knight Sr. 1812 Harlem Ave. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Intravenous narcotism DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARDED TO THE USE AGE 3 SHOULD BE USE THE DEPARTMENT OF F YES TO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH E PAGE 3 SHO STATE DEPAR 21201 PRIOR T 21e PLACE OF INJURY (ATHOME. 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, FTC.1 CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an WITH THE Inquiry death resulted fram: Homicide Natural causes Undetermined manner TITLE (SPECIFY) **ACTUAL** EXECUTE THE C PAGE A SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA 7-22-80 Assistant DATE SIGNATURE SIGNED EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 7/26/80 King Memorial Pk. Burial Baltimore Co. MD BP 24. FUNERAL DIRECTOR 25b. REGUERAR'S SIGNATURE **DHMH - 17** 1101 E. North Ave. VR A15 ME (5) Wm. C. March F/H 15M 7/77



MARION II. ROLLE III. P. 18 L. III. P. III

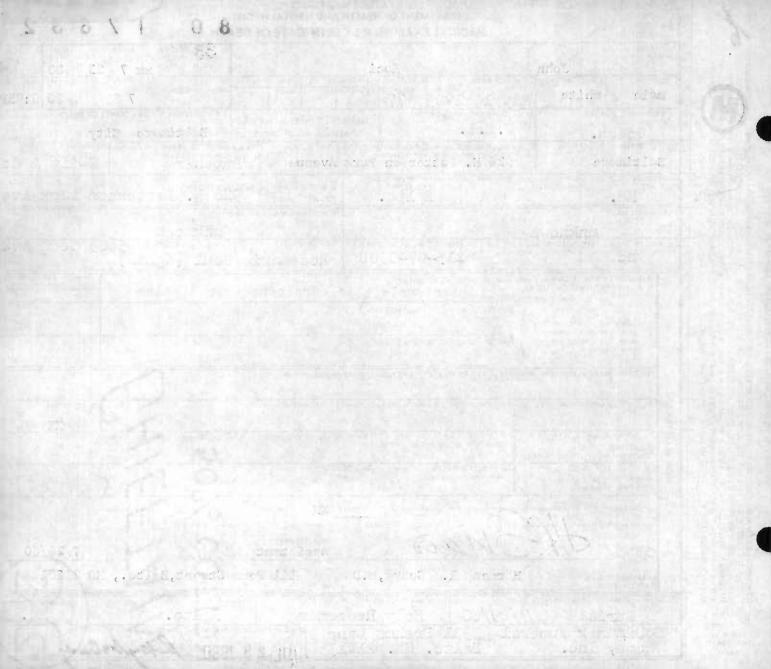
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	lying co	ruse last.	(c)							
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AAE	WHILE			DRY, FARM, ETC.)		TREET	CITY OR TOW	/N	OUNTY	STATE
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1-0	EXAMINER'S		Hormez	R. Guard		ADDRESS	Penn Stree	et,Balto.	MD 2120	01
230	BURIAL, CREM	ATION, REMOVAL 236		23c. NAME OF CE	METERY O	R CREMATORY	23d LOCATION		DUNTY	STATE
	Bu	rial	7/29/80	Holy	Red	eemer	Balt	50.		Md.
24	SEMIN	Mek Fune	eral33	31 Brehm	s La	ne 250. DATE R	EC'D. BY REGISTRA	256. REGISTRAR'S	SIGNATURE	1
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	301 W. PRESTON ST., BALTIMORE, MD. 21201 CUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL IN PENCIL, IN 1EM 18. GIVE PAGES 1, 2, AND 3 TG. EXAMINER ALONG WITH FORM PM 3. RETAIN PRIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE ID MENTAL HYGIENE, DIVISION OF VITAL RECORDS.		Md.	13b. COUN		13c. CITY OR T		13d. INSIDE O	CITY LIMITS?	13e. STREET A	ADDRESS N. Pat	terso	n Da	nle	A 77.0
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	DIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING". RDED TO THE CHIEF MEDICAL RD 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION,	NO	PART 2 DTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE.	ASE OR CONDITIO	ON GIVEN IN PAI	RT 1 (a).					
	UID UID HEA LED A HEA CREA	1 5	19s. DATE OF C	PERATION	19b. COND	TION FOR WHIC	H OPERATION	WAS PERFOR	RMED?				20. AUT	OPSY?	
	VITAL SHOU ORD ORD ORD ORD ORD IT OF IT OF RIAL, O	CERTIFICATION											YES	CXX	NO 🗆
	CERTFICATE SHO TING THE WORD DED TO THE CH 3 SHOULD BE U 2 SHOULD BE U PRIOR TO BURIAL,		216 EXTERNAL UNDERLYING	OR		FINJURY A. MONTH DAY	YEAR 21c.	HOW INJURY	OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM I	18 PART 1 OR PAR			
	SHO THE	MEDICAL	CONTRIBUTING 21d, INJURY OC	CAUSE OF D			19								
	PIVISION OF THE CERTIFIC, SPACE 3 SHOWN STATE DEPARTMENT OF THE STATE DEPARTMENT OF STATE DEPARTMENT OF STATE O	MED	WHILE AT WORK	NOT WHILE C		OF INJURY (AT) TORY, FARM, ETC.)	10ME, 21f. L	OCATION STREET		cm	ORTOWN	COU	NTY		STATE
	NER: T ICATE, FORW TOR: P.		100		the remains de	scribed abave, he	ld an Auto	psy XX	Inspection	n D, In	quiry , c	and in my api	nian =:		
	AND THE ON A		death resulted	LIN	al causes X	Accident .	Suicide	Hamie		Undetermin	4	,	ilon ,		
	KAN ERTH IREC VITH RYLV			1HC	71.6				SPECIFY)	011401011111					
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR PAGE 4 SHOULD BE FOR AFTER DESCRIPE. BATTER DEATH, WITH THE S BATTIMORE, MARYLAND, 2	-	EXAMINER'S N. (TYPE OR PRINT	AME)			,-1.0.	_ADDRESS_		CILL D	rreer, De	1110.,	TID 2	120.	_
4	PAFT PAET	23 a. B	URIAL, CREMATIC	ON,REMOVAL 2	3b. DATE	23c. NAME	OF CEMETERY		ORY	23d. LOCAT	ION	COUNT		STAT	
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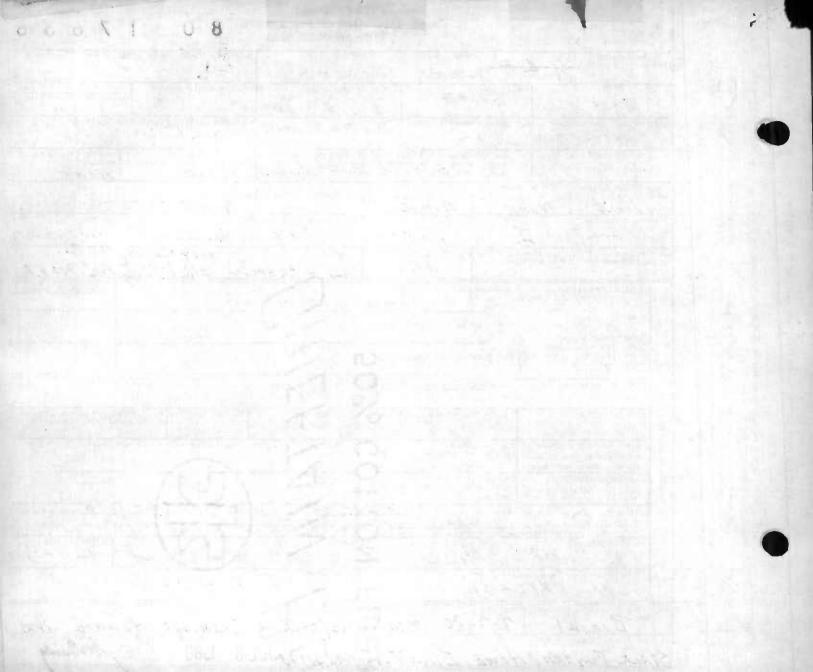
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		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	20 DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
ge 3			i, Helen W.			7-8-80	12.458.
M	3 SE	x Female	White	3 MATE OF BIRTH 3 1904	6 AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HR
n 73 fei	70 B	IRTHPLACE (STATE OR FOREIGN OUNTRY) Poland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O		н
notified (10 C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Intheran Ho	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEW)	ON F WORKING LIFE) INDUS LIE	ND OF BUSINESS C
nauld be	130	AL RESIDENCE (IF NURSING NOME OF STATE Md. Balt	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e STREELS DORESS	ndon Drive	
sz owa z z	14 F.	ATHER'S NAME Albert	MIDDLE Olaszek	Josephine	AME	Rybarc	zak
Poges 1	160	MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 3441698	Pichand J	Kozlowski Re	08 Glyndon eisterstow	Drive, n, Md.
corling or or motion		1890	DUE TO, OR AS A CONSEQUE	ENCE OF	10.7		
s been signed by the attendin smit. Then please remove carb prior to burial, cremation, ar s any injury, ar other traumatic	ICATION	/	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	'	MINAL DISEASE OR CONE 200 AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED
observed signed by the perior to burief, crem	ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E AMAGEN AND TO THE CONTRIBUTION TO THE CONTRIBUTION FOR WHICH	DEATH BUT NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH? NO
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is certificate has been signed by the build-transit permit. Then please ret Mental Hygiene prior to buriol, crem or them 18 shaws any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 216. HOW INJURY OCCUPATE OF THE TERMENT O	200 AUTOPSY? YES NO	20b. IF YES, WERE FINCERTIFYING CALLYES 1919 ITEM 18, PART 1 OR PAR	NDINGS USED USES OF DEATH? NO
certificate has been signed by the nital-transit permit. Then please re- ental Hygiene prior to burial, crem flem 18 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI CHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. 1 certify that (I) (thus host saw the deceased give a obove. (I) (we) (did) (did not obove. (I) (we) (did) (did) (did not obove. (I) (we) (did) (did not obove. (I) (we) (did	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCUP FARM, ETC.) 21f. LOCATION STREET A. 19 A.	ZOB AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FIN CERTIFYING CALL YES TO THE MEMBERS OF THE ME	NDINGS USED USES OF DEATH? NO T2) STATE , that (1) (we) li
DIRECTOR: After this certificate has been signed by the inached for uses at the buriol-transit permit. Then please resolute, of Heelih and Mental Hygiene prior to buriol, creat them 21 is marked or them 18 shows any injury, or other them.		gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 22a, 1 certify that (I) (thus has sow the deceased alive a above, (I) (we) (did) (did in 22b, SIGNA UII)	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b CONDITION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F OTTO!) ottended the deceased from 19 of the top ofter death.	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUP AY YEAR 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN	ZOB AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FIND CERTIFYING CALLYES TY IN ITEM 18, PART 1 OR PART TO COUNTY The and hour and from 22c. E	NDINGS USED USES OF DEATH? NO T2) STATE
Inospiral or arrestanting prysicion. NBECTOR: After this certificate has been signed by the ched for use os the buriol-transit permit. Then please receipt of Health and Mental Hygiere prior to buriol, cremitem 21 is marked or them 18 shaws any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b CONDITION FOR WHICH 21b TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F OTTO!) ottended the deceased from 19 of the top ofter death.	OPERATH BUT NOT RELATED TO THE TERM OPERATHON WAS PERFORMED 21c. HOW INJURY OCCUP 19 21f. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred on the do	20b. IF YES, WERE FIND CERTIFYING CALLYES TY IN ITEM 18, PART 1 OR PART TO COUNTY The and hour and from 22c. E	NDINGS USED USES OF DEATH? NO T2) STATE , that (I) (we) Is the causes stated

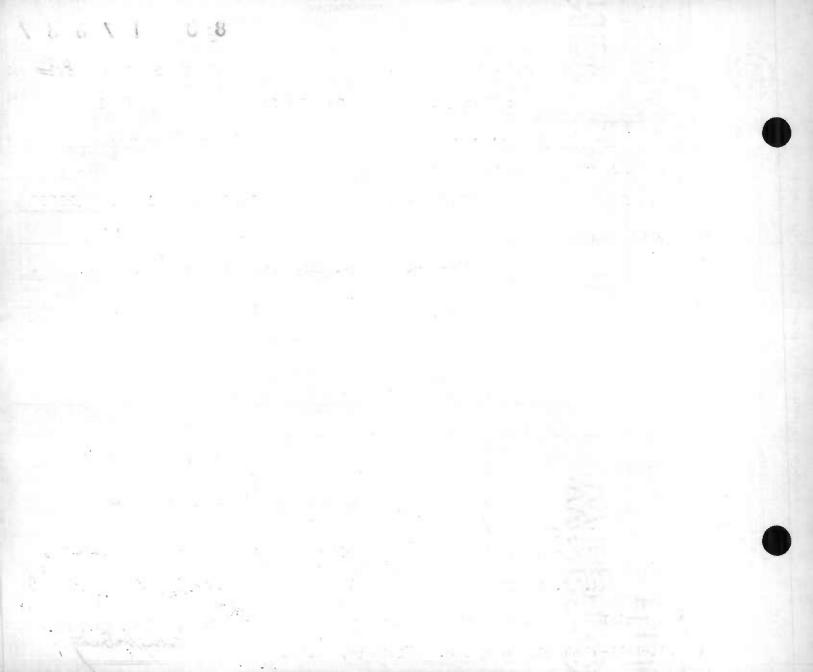
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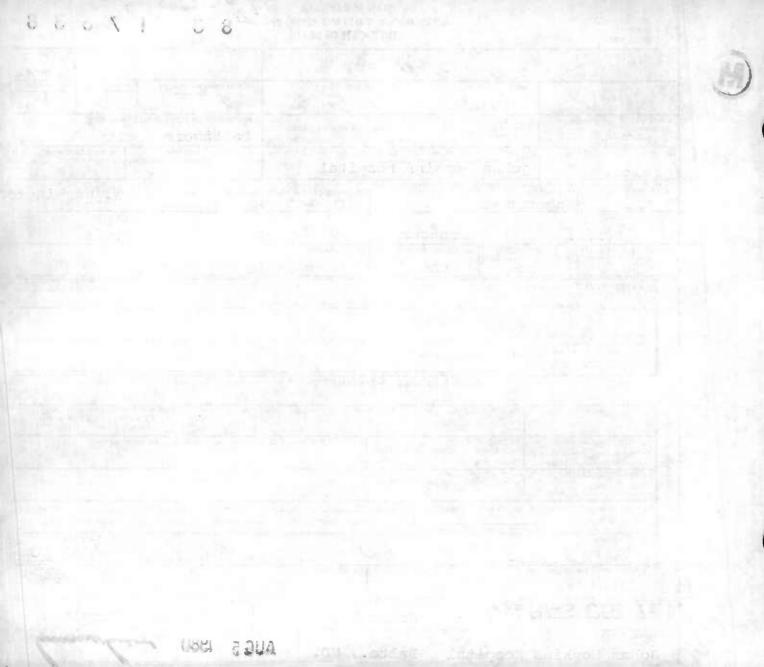
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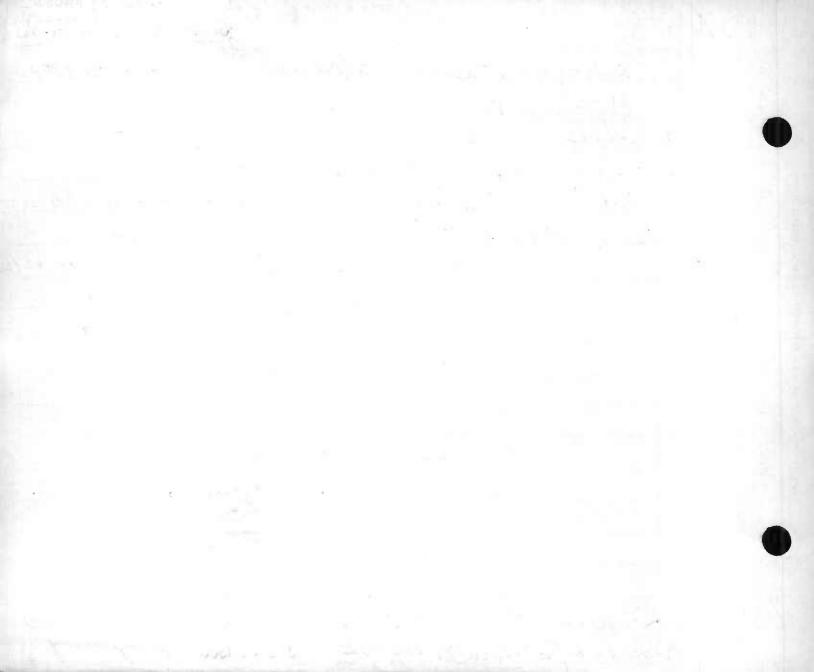
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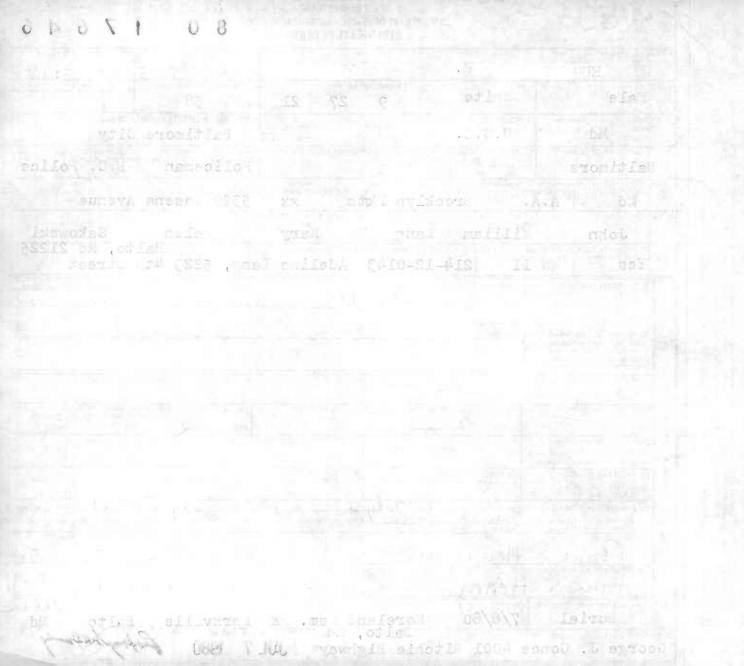
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_ 8	I. DEC	EASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN		AR 2b. HOUR
22 H	{TYPE	OR PRINT) MA	RGARET	KUNS	KY	OF ESTI-	7-22- ,80	
SIRE	3. SEX	4 RACE	5 DATE OF BIRTH OF AR 13		NDER 1 YR. IF UNDER 2		MONTH DAY YE	AR 513180R
A D C Z		emale white		YRS.	THS DAYS HOURS	MIN. PRONOUNCED DEAD	7=22- 19 8	
PREST PREST	7a. BIF	(STATE OR	76. CITIZENIOF WHAT COUN	MRY? 8 MARR	RIED NEVER MARRIE	D 1 1 1	OR COUNTY OF DEATH	
	10 (1)	Y OR TOWN OF DEATH	U. J. C	widov			1 -	MD
00	Ba	altimore		od Avenue	HER INSTITUTION	12a. USUAL OCCUPATION (TYPE) OR MOST OF WORKING LIFE) HOMEMOK	E OF WORK 128. WINDOF	ISTRY P
m.	USU 130.	13b. COUNT	R OTHER INSTITUTION, GIVE RESIDENCE TY	BEFORE ADMISSION) ORTOWN HIMOVO	13d. INSIDECITY LIMITS?	13e. STREET ADDRESS LIN	wood	Tue.
300	14. FA	THER'S NAME FIRST	WIDDIE	LAST	15 MOTHER'S MAIDEN	NAME	LAST	
00	16a W	AS DECEASED EVER IN U.S. ARA	AED FORCES? TIAL SOC	IAL SECURITY NO.	17. INFORMANT	, ADDRESS		
1	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE Y	212	-18-0955	Iris Dro	DWSKY 607	S. Street	perst
		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line for (o), (b) BY: Arteri	ond (c).)	cardiovasc	ular disease	APPROXIA BETWEEN O	MATE INTERVAL MSET AND DEATH
		4595 IMMEDIAT	E CAUSE (a)		Cararovasco	dial discase		
MENTAL HYGIENE. DR REMOVAL.	20.0	Conditions, if ony, which		or dorner of				
		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CON	SEQUENCE OF				
	Ш	lying cause lost.	(c)				311.04	
		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PART	1 (a).		
\dashv	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION W	VAS PERFORMED?		20. AUTOP	SY?
21	TIFIC						YES [7272
		210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. H	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18		
	MEDICAL	CONTRIBUTING CAUSE OF D	P.M.	19				
	MED	216. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY STREET, FACTORY, FARM, ET		OCATION STREET	CITY OR TOWN	COUNTY	STATE
1		AT WORK AT WORK						
		220. I certify that I toak charge	e of the remains described abo	ve, held on Autor	Inspection	XX Inquiry . on	nd in my apinian	
		death resulted from: Nature	Accident	Suicide L	, Homicide	Undetermined monner,		
	100	ACTUAL ()	Whate A	Uknill	TITLE (SPECIFY) Assistant	L_MEDICAL EXAMINER	DATE 7-2	3-80
7	16	SIGNATURE	Mary Mary	A MOSE W	A.D. MODISCAIL	MEDICAL EXAMINER	SIGNED	3-00
×	-	EXAMINER'S NAME (TYPE OR PRINT) Maj	rgarita A. Kor	ell. M.D.	ADDRESS 111 Pe	enn Street	S. Harbert	
1	23a. Bl	AL, CREMATION, REMOVAL 23		AME OF CEMETERY C	OR CREMATORY	23d. LOCATION	62 1	LA.
	S	ourial.	7.26.80 U	2K Law,	NGM	Dattimor	e Co. no h	d.
	W	NERAU DIRECTOR	ADDRESS 32	ich la	250. DATE RE	2 8 1980	May / Teachused	1
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13	11-	FOR STATE						ERTIFICATE C		0	17	6 4	4 4
-		REGISTRAR CEASED NAM	E FIRST	7716	MIDDLE	AAMIIV		LAST		REG. N	O. MONTH	DAY YEA	AR 2b. HOUR
COMP. HI		PE OR PRINT)	Bernard				T.	ackey	1000	OF ESTI-	un	known	ZB. HOUR
	3. SE)	X .		DATE OF BIRTH	YEAR	AGE (IN YEA	RS IF UN	DER 1 YR. IF UNDER		DATE	MONTH		EAR 2d HOUR
5	N	fale	Black	4 1	48	32 YR	MOINT	DAYS HOURS		NOUNCED DEAD	7	1 198	9:18 a.m
7=	7a. B1	RTHPLACE (S	TATE OR	b. CITIZEN OF WH	IAT COUNT	RY?	8. MARRI	ED NEVER MARR	1ED 7.8/	ALTIMORE CITY	OR COUNT	Y OF DEATH	d .
5			Pa.	USA			WIDOW	ED DIVORO	_	Baltimor	re Cit	ty	MD.
1	10. CI	Baltim		1300 Blk	BITY GIVE STR	EFT ADDRESS)				OCCUPATION (TYLE)	PE OF WORK	12b. KIND OF OR INDU	BUSINESS
	USU/		(IF IN HURSING HOME OR		E RESIDENCE BI	EFORE ADMISSIO		ue					
	13a. S	Md Md	13b. COUNTY		Вал	TO.		13d. INSIDE CITY LIMITS? YES MO	13. STREET 4	4 Haver	ford	Ave.	
	14. FA	ATHER'S NAME FIRST		WIDDLE	U	AST		15. MOTHER'S MAID! Ruby	ENNAME		ckey		
1	16a. V	VAS DECEASE	D EVER IN U.S. ARME		16b. SOC1.	AL SECURITY	NO.	17. INFORMANT		ADDRES			, Va.
		No	18 123, 5/12 17	an on onicoj	43.5			Mildred	Lacke	y 4260) Kin	sley	Ave.
		18. CAUSE O	F DEATH (Enter only	one cause per line	far (a), (b),	and (c).)					-UTI-	APPROXIM	MATE INTERVAL
١		PARTIDE	ATH WAS CAUSED E		Hang	ing							
		753	30	DUE TO, OR	AS A CONS	EQUENCE C	F						
	33		ns, if ony, which se to immediate	(b)	-51								
		cause (a)	stoting the <u>under</u> -	DUE TO, OR	AS A CONS	EQUENCE C	F				115		W 7 6
				(c)									
7	N.	PART 2 OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATE	O TO THE TERMI	NAL OISEASE	OR CONDITION GIVEN IN PA	ART 1 (a).		8.11		
1	ATIO	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR W	HICH OPERA	ATION W	AS PERFORMED?	-			20. AUTOP	PSY?
1	IFI											YES [No N
gar.	ER		AL CAUSE WAS	21b. TIME OF		2016	21c. HC	W INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PAI		7 (40 €2
5	MEDICAL CERTIFICATION	UNDERLYING	OR NG CAUSE OF DE		unkno	DAY YEAR		bject hang	ed calf				
	EDIC	21d. INJURY		21e PLACE C	F INJURY	(AT HOME.	211. LO	CATION		Charles St.	THE R		
	W	WHILE AT WORK	NOT WHILE X	wood	ed ar	ea	130	O Blk. S.	Caton	venue, I	Baltin	nore, 1	Md.
	1		fy that I took char	of the remains de-	ribed obove		Autops		In XX, Inc	quiry , or	nd in my op	inion	
		death result	ed from: Natural	ypuses .	Acident	1	ide XX	Homicide .	Undetermin	ed manner ,			
1			101		116	1		TITLE (SPECIFY)					77.50
_		SIGNATURE,	1/1	one	10	mass	M.	Deputy Ch	iefedical	EXAMINER	DATE	0 7-12	2-80
1	1	EXAMINER'S		omas D. S	Smith,	M.D.		111	Penn S	Street			
	23a B	(TYPE OR PRI	TION, REMOVAL 23b					ADDRESS_ADDRESS_ADDRES					
	0	SPECIFY)	1: 6	100	8 7/1) A A	2	MAG	23d. LOCATI	11- 1	200 -	7 (STATE
	24. FI	UNERAL DIREC	TOR	117/8	y lovx		au-	250. DATE	REC'D. BY REG	ISTRAR 156 B	STRAFS	ANA THE	4
	90	NAME D.	· ~ 0.	ADDRESS	116	1 0 1	Ind	اللا مدارة	1 5 19	180	March /	Mechan	7
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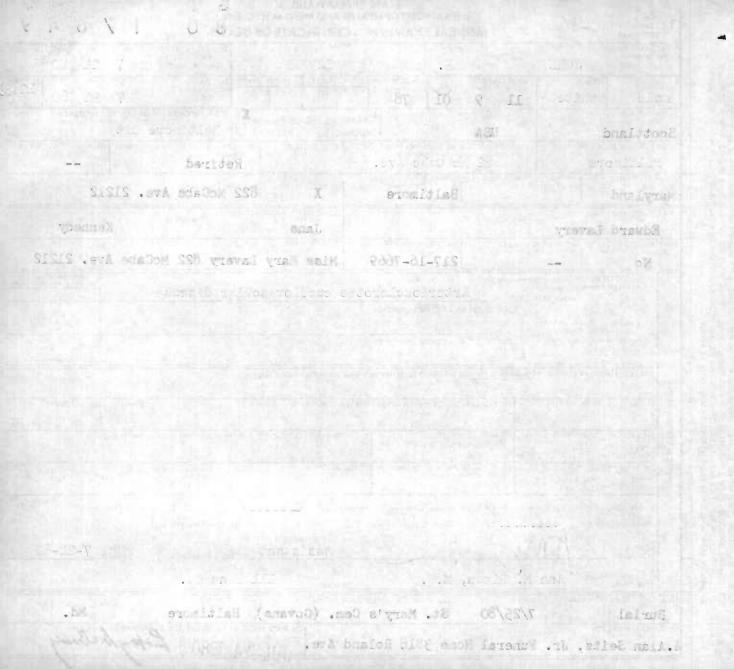
Fenale BIRTHPLACE (STATE OR FOR COUNTRY) Manyland CITY OR TOWN OF DEAT Baltimore	U.S.+	MIDDLE 7. 2. WHAT COUNTRY?	Langl S DATE OF	ettig	REG. N 20 DATE OF DEATH 6 AGE (IN YEARS LAST BIR	MONTH DAY 7 16 THDAY) # UN	YEAR 80	26. HOUR
SEX Female BIRTHPLACE (STATE OR FOR COUNTRY) Manyland CITY OR TOWN OF DEAT Baltimore	REIGN IN CITIZEN OF U.S. of	7. what country?	Langl S DATE OF	ettig BIRTH	6 AGE (IN YEARS LAST BIR	7 16 THDAY) # UN	80	12:1
SEX Fenale BIRTHPLACE (STATE OR FOR COUNTRY) Manyland CITY OR TOWN OF DEAT Baltimore	REIGN Th CITIZEN OF U.S.+ TH 11. NAME OF	WHAT COUNTRY?	5 DATE OF	BIRTH			BO IDER I YEAR	460
Fenale BIRTHPLACE (STATE OR FOR COUNTRY) Manyland CITY OR TOWN OF DEAT Baltimore	White REIGN 76 CITIZEN OF U.S.+ TH 11. NAME OF	WHAT COUNTRY?					UDER I YEAR	
Maryland CITY OR TOWN OF DEAT Baltimore	U.S.+		10		59	YRS.		HOURS
Baltimore	TH 11. NAME OF		MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY S	Baltime	-	`i +11
14.00		HOSPITAL, NURSIN	NG HOME OR ADDRESS)	other Institution cspital	170 USUAL OCCUPAT TYPE OF WORK FOR MOST OF	ION 1 F WORKING LIFE) I	21. KIND OF NDUSTRY	BUSTNES
3a STATE	NG HOME OR OTHER INSTITUTION 136 COUNTY		E ADMISSION)	M INSIDE CITY LIMITS?	13. STREET ADDRESS	Churchi	11 5+	-
Maryland FATHER'S NAME		Lacconst		MOTHER'S MAIDEN N		Cimica	u si.	
Freder	rick MIDDLE	Door		Florence	WIDDIE		Jackso	n
60 WAS DECEASED EVER IN	N U.S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO 1		1/2 Union town	Fitown R	and,	
	_				20a AUTOPSY?	206. IF YES, WIN CERTIFY IN	ERE FINDING	GS USE
OR CONTRIBUTING CA	AUSE OF DEATH HOUR A	.M. MONTH D	AY YEAR	TIC HOW INJURY OCCU	77	1		7,5
21d. INJURY OCCURRE	ED 21a PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	wn (COUNTY	\$1
sow the deceased above, (1) (we) (di	d alive on	19_19_			n death occurred on the c	dote and have an	d from the c	
4	les K. C	In du	ran	/ //ATTENDING	MEDICAL STA	AFF CIAN 🗆	7-/	6 7
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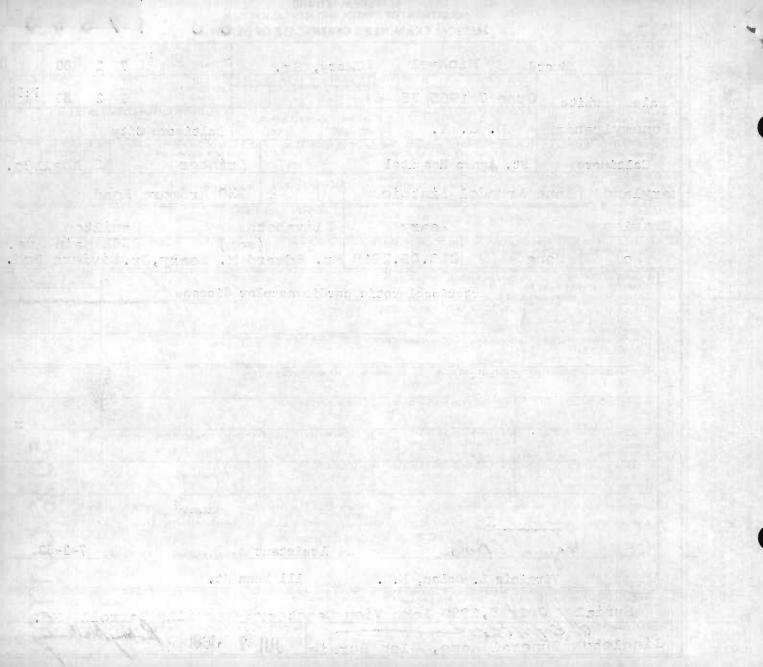
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH 7h HOUR LTYPE OR PRINT! OF ESTI-JOHN. K. LAVERY 21,080 3 SEX 4. RACE AGE IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF LINDER 24 HRS DATE 12:3 LAST BIRTHDAY PRONOUNCED ..80 male white 78 07 11 DEAD p 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Scottland USA DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 822 Mc Cabe Ave. FOR MOST OF WORKING LIFE) Baltimore Retired USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Baltimore 136. INSIDE CITY LIMITS? 13b. COUNTY 822 McCabe Ave. 21212 Maryland NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kennedy Edward Lavery Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. DIVISION [YES, NO. OR UNKNOWN] Miss Mary Lavery 822 McCabe Ave. 21212 217-16-7669 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) E 3 SHOULD I HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion MARYLAND, Homicide death resulted fram: Undetermined monner TITLE (SPECIFY) ACTUAL 7-22-80 Assistant TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL IS AFTER DEATH, BALTIMORE, MA SIGNATURE, Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE Baltimore 7/25/80 Md. St. Mary's Cem. (Govans) Burial BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** .Alan Seitz, Jr. Funeral Home 3818 Roland Ave. VR A15 ME (5)) 15M 7/77



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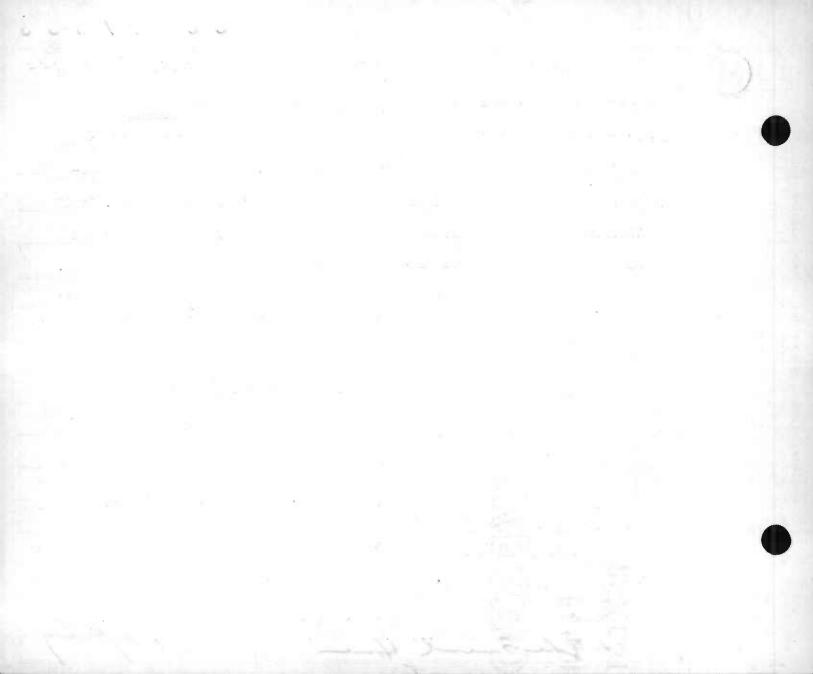
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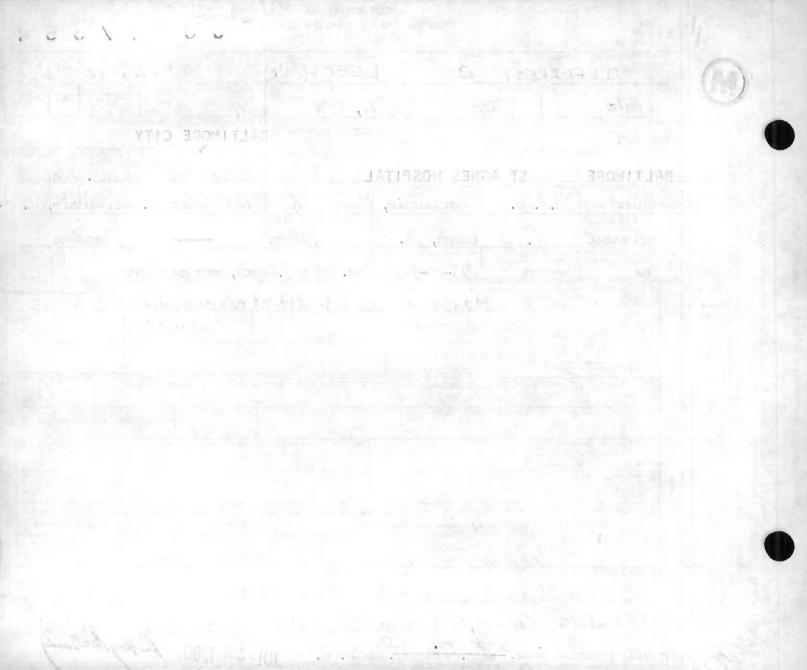
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physician and completely filled in by the funeral papers. Pages 1 and 2 should be filed within 721

been signed by the attending physician

requires that the

ATTENDING PHYSICIAN:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ecuted within 24 hours

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CEK	TIFICATE OF DEATH	REG. NO.	1 / 0 3 3
DECEASED NAME THE OF MINIT	ARTHUR	E)	DWARD	LEICHT	7 /23	TH DAY YEAR 26. HOUR 52/08
MALE		WHITE		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
BIRTHPLACE (ST COUNTRY) MARYLAN		U.S.A.	MAR	RIED NEVER MARRIED [BALTIMORE CITY OR CO	OUNTY OF DEATH
SALT I MOF	RE	ST AC	SNES HOSP		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO CORP STAFF	IZE KIND OF BUSINESS OR INDUSTRY GAS & ELEC CO
MARY LAND	(IF NURSING HOME OR C 13b COUN' BALT I		TE RESIDENCE BEFORE ADMISSING CITY OF TOWN ATONSVILLE	134 INSIDE CITY LIMITS?	118 MAIDEN C	CHOICE LANE
FATHER'S NAME ART	HUR "	E.	LËÏCHT	IS. MOTHER'S MAIDEN N	MIDDLE	vogeľšang
WAS DECEASE!	DEVER IN U.S. ARM	WAR OR DATES)	SOCIAL SECURITY NO 214-05-3826		ADDRESS LEIGHT 118 MA	IDEN CHOICE LANE
Conditions,	if any, which	DUE TO, OR A	S A CONSEQUENCE O	dial	m Larchon	
gave rise cause 101, underlying	R SIGNIFICANT CO	DINDITIONS CONT	S A CONSEQUENCE O	dial		HO CHUNCHE
gave rise cause 10, underlying PAM 2 OTHE 190 DATE OF (in immediate stating the cause lost in the cause	DUE TO, OR AS (c) DNDITIONS CONT 196 CONDITIO 216 TIME OF IN HOUR A.M. 210 PLACE OF	S A CONSEQUENCE O	SUT NOT RELATED TO THE TEI WYS PERFORMED 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	HO CHUDICHE
gave rise cause 101, underlying PART 2 OTHE 190 DATE OF 0 21a ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTH AT WORK 22a 1 certify 1 sow the	immediate stating the cause lost less lost les los	DUE TO, OR AS (c) DIDITIONS CONT 196 CONDITION 216. TIME OF INHOUR A.M. P.M. 216. PLACE OF (AT HOME, STREET, 21) ottended the did 7.2	S A CONSEQUENCE O TRIBUTING TO DEATH E ON FOR WHICH OPERA NJURY MONTH DAY YE. INJURY FACTORY, OFFICE, FARM, ETC. eccepted from 1988 er deoth.	SUT NOT RELATED TO THE TELL STATE OF THE TELL TION WAS PERFORMED 21c HOW INJURY OCCU AR 9 211 LOCATION STREET A and that in (my) (our) opinion DEGREE ATTENDING	JRRED (ENTER NATURE OF INJURY IN I	HO CHUDYCHI b. IF YES, WERE FINDINGS USED I CERTIFY ING CAUSES OF DEATH? YES NO CHUP ITEM 18, PART 1 OR PART 2) COUNTY STATE 3 19 0 , that (1) (we) lost and hour and from the causes stated

BP DHMH-16 25M (VRA 15, 4) 1/79

HUBBARD FUNERAL HOME

4107 WILKENS AVE. BALTIMORE, MD. 21229

PALTABRE CLEY Same as a large of the same of # 17-25 30 FB

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completely filled in

remave carbanpapers. Pages physician

> Then please to buriol, cr

CERTIFICAT

MEDICAL

After this certificate has been and Mental Hygiene prior

TO FUNERAL DIRECTOR:

ATTENDING

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prior

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Hem 18

morked or

MPORTANT: If Hem 21 is

FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLA ALTH AND I CATE OF D	MENTAL HYG	iene 8	O REG. NO.	1 7	6	5	7
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAS			2a DATE OF	DEATH MON	TH DAY	YEAR	26 HOU	IR
FR	ANK	E.	LEI	TNER (Litner)		7	17	80	5-	AM
3 SEX MALE	4 RACE	ITE	5. DATE OF	BIRTH DAY	YEAR 06		ARS LAST BIRTHDAY) IF U	HS DAYS	HOURS	24 HRS MIN
70. BIRTHPLACE (STATE OR FO COUNTRY) ROVINGINIA		S.A.	8. MARRIED WIDOWED	NEVER A	AARRIED		RECITY OR CO		DEATH		MD
BALTIMORE	(IF NOT IN SI	HOSPITAL, NURSIN JICH FACILITY, GIVE STREET A WN NURSIN	ADDRESS)		TITUTION	TYPE OF WORK	CCUPATION FOR MOST OF WO T MAKE	RKING LIFE)	2b. KIND O INDUSTRY	F BUSINE	SS OR
USUAL RESIDENCE (IF NURS 130 STATE MD	ING HOME OR OTHER INSTITUTION	BALTIMOR	N	3d INSIDE C	ITY LIMITS?	13e STREET / 1415 H	ADDRESS Hollins	St.	2122	3	
14 FATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	ME	WIDDLE		LAS	Т	
160 WAS DECEASED EVER [YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b SOCIAL SECU 225-09-3		JOHN G		(GRANI	ADDRESS NEPHE	W)	14		
PART I. DEATH W	H Enter only one couse po AS CAUSED BY IMMEDIATE CAUSE (0)_	CARDO	R.F.SI	IRAT	or*	ARRE	EST		APPROXI BETWEEN	MATE INTER	DEATH
Conditions, if ony, gove rise to imm	which (ib)_		oN	C	A.						
couse (a), statin underlying couse		CLVE	R CE OF	LUN	CA	ETASI	ASE	2			
PART 2 OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN	N PART 10	01	

19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

7/22/80

206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN

NO YES T

HOUR A.M. MONTH DAY YEAR

21f LOCATION

ATTENDING . PHYSICIAN

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2)

COUNTY

STATE

that (I) (we) lost

and that in (my) (aur) opinion death accurred arthe date and hour and from the causes stated

22c. DATE SIGNED

MD

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR ADDRESS Wm. C. March F.H.

21a. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

AT WORK

(SPECIFY)

226. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the deceased alive on.

22d PHYSICIAN'S MAME (TYPE OR PRINT)

Burial

22a.1 certify that (1) (this hospital) attended the deceased from

above, (I) (we) (did) (did not) view the body after death

23b. DATE

1101 E. North Avenue

1980

DIRECTOR PHYSICIAN

23d LOCATION CHTYOR TOWN Baltimore

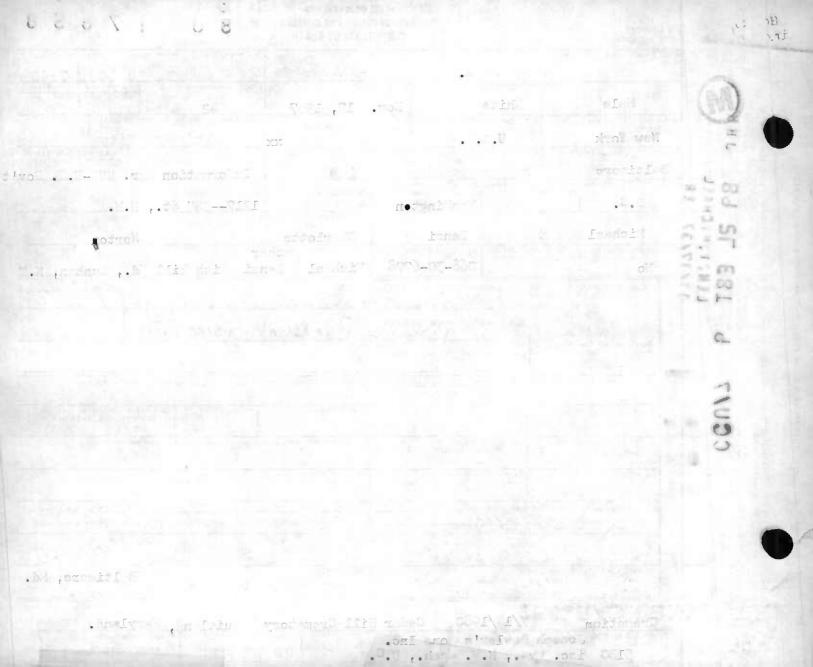
MEDICAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

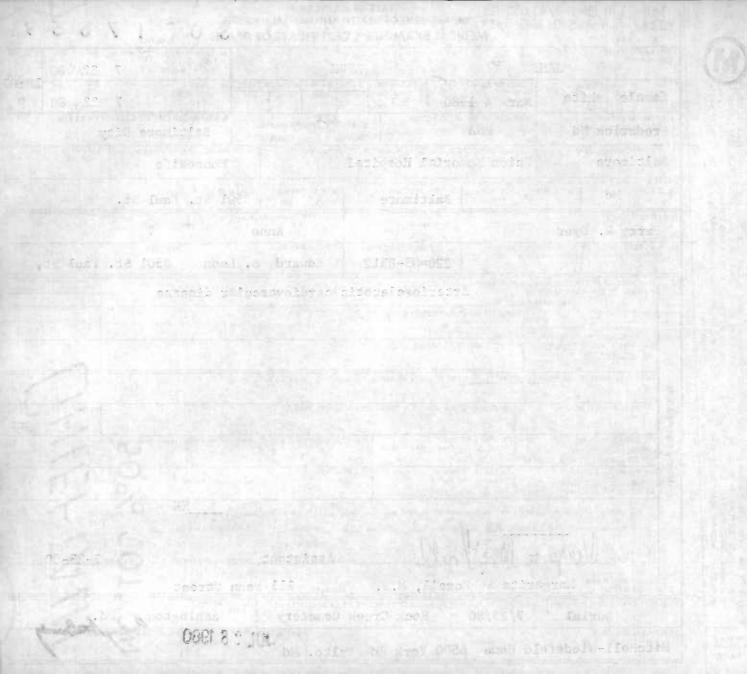
County

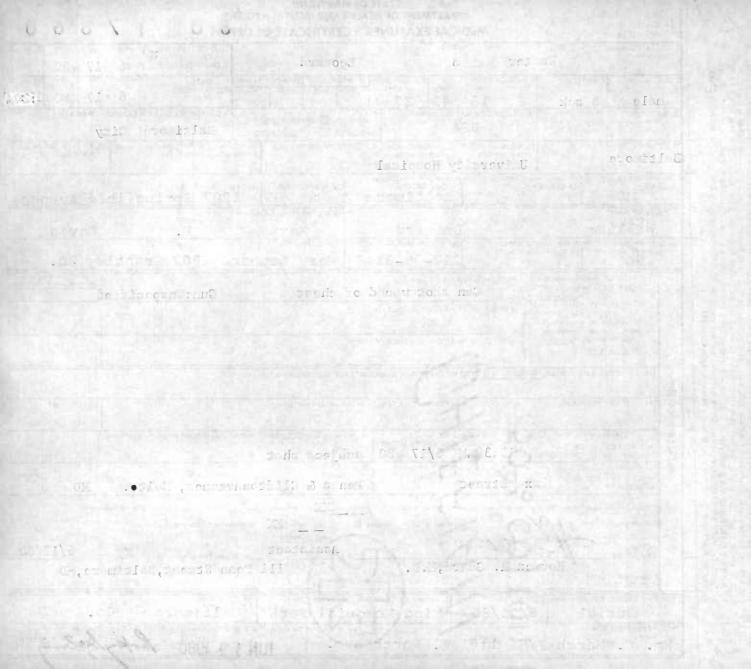
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	W/L BE	1				STA	TE OF MARYLAND				cha ch
AB.	8	1.	FOR STATE REGISTRAR		DE		HEALTH AND MENTAL HY	0 0	. NO.	176	58
	m		CEASED NAME F#ST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2h. HOUR
8	26_	TITTE	ORPRINTI		A.		Lenzi		7	10 80	7.43 4
126	100	3 SE:	(Michael		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
4 10	(M)		Male	Whit	е	Nov		42	YR	MONTHS DAYS	HOURS MIN
4		7a BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN C	F WHAT COU	NTRY?	ED NEVER MARRIED	1. BALTIMORE CIT			
	建 第9		New York	U.	S.A.	WIDOW		Balt	imore	e City	MD
Manual .	10 0	10 CI	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL,		OR OTHER INSTITUTION	12e USUAL OCCUP	ATION	12h, KIND (OF BUSINESS OR
5	133 133	В	altimore			kins Ho	spital	Information and			II.S. Gov
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3 08	/ W = 5	1	Michael	E	Len	AST	Charlotte	MIDDL		N	ST
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WO .	3 00 5	0	ES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	068-	30-6778	Michael E Le		Hill	Kd. Sus	han N V
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	1	t	PART I. DEATH WAS CA	NUSED BY	ml.f.	NILAI	na pulano	nanh &	len	a 1	h BULL
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the the	emer emer other		Conditions, if ony, which	e)	1)www.	a Document	0.014-01	7000	0.5	
. 10	by the rer	90	couse (a), stating the underlying couse lost	I DUE IO.	OR AS A CON	SEQUENCE OF			1		
201 uires	igned purial purial injury,		PART 2 OTHER CICALIER	(c)_	CONTRIBUTIO	IC TO DEATH BU	T NOT RELATED TO THE TER	WALL DISEASE OR S	211212121	CHIEST PLANT I	
DS,	ini y	Z	PART 2 OTHER SIGNIFICA	INT CONDITIONS,	CONTRIBUTIO	NG TO DEATH BU	I NOT KELATED TO THE TER	MINAL DISEASE OR CO	אטווטאכ	GIVEN IN PART I	101
DIVISION OF VITAL RECORDS, 201 W	Dee -	CERTIFICATION	19a DATE OF OPERATION	19h CON	DITION FOR	WHICH OPERATE	ON WAS PERFORMED	20a AUTOPSY?	70h IF	YES, WERE FIND	INGS LISED
E E	shov show							YES NO NO	IN CE	RTIFYING CAUSE	S OF DEATH?
A NA	icate icate	=	216 ACCIDENT WAS UNDERLYING	G 716 TIME	OF INJURY		21c HOW INJURY OCCUP		3_1	YES DEPART 2	NO 🗌
N SIC	range		OR CONTRIBUTING CAUSE C	F DEATH HOUR		TH DAY YEAR		(RED (ENTERNATURE OF)	17061 111 116	TIO, TAKE TOKTAKEZ	
ZI	this certifurial-trag	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		P.M.	19	NV 10C 1TION		7		
SIO P	ter the burner of the control of the	WED			E OF INJURY STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
VIO S	Af :	100	AT WORK					-,	1221		
T.	Los USe Hea 21 is	13	220 I certify that (this h	7/	the deceosed	11/3	19 50		110	. 19	, that ((we) lost
-	0 5 5 5	192	sow the deceased aby above, N (we) (did) (di	e on	dy ofter death.		and that in (my) (our) opinion	death occurred on the	e dote and	hour and from the	couses stated
A.	E C	1.50									
0	DIRECTOR TO DEPT. OF THE TENT		22h. SIGNATURE	10000	1	1	DEGREE	wene vi	7.455	22c. DAT	ESIGNED
O A	T: T:			Kenl	un	1	DEGREE ATTENDING PHYSICIAN		TAFF SICIAN 🗔	7/	0/80
SPITAL	T: T:			Kenl	unc	-/	ATTENDING			0 7/1	10/80
HOSPITAL	T: T:	Æ	22h. SIGNATURE Dale	Kenl	und	1	ATTENDING PHYSICIAN			0 7/1	0/80 ore, Md.
TO HOSPITAL		23a E	226. SIGNATURE DILL 226. PHYSICIAN'S NAME (1) DALS URIAL CREMATION REMO	Renula YPE OR PRINT) Renu	und	23¢ NAME OF	ATTENDING PHYSICIAN	DIRECTOR PHY		Baltima dwa	0/80 ore, Md.
- marketing	T: T:	23e E	22b. SIGNATURE DULL 22d. PHYSICIAN'S NAME (1) DALS WRIAL, CREMATION, REMO	Renula YPE OR PRINT) Renu	und 1980	1000	ATTENDING PHYSICIAN 220 ADDRESS 600 CEMETERY OR CREMATORY	DIRECTOR PHY	SICIAN D	Baltima County	0/80 ore, Md.
	TO FUNERAL should be detact with the State [IMPORTANT:	(226. SIGNATURE DILL 226. PHYSICIAN'S NAME (1) DALS URIAL CREMATION REMO	PEULL YPE OR PRINT) PEULL P		Cedar	ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN COMPANIESS AND GOOD CEMETERY OF CREMATORY Hill Cremator	DIRECTOR PHY	POC	Baltima County aryland.	ore, Md.



0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME (TYPE OR PRINT) JANE MODIE LEON REG. NO. 76. DATE KNOWN XX MON' OF ESTI- DEATH MATED DEATH MATED									22 ₁₉ 80	1000		
3 7	SEX	emale	4. RACE white	5. DATE OF BIR	1980	6 AGE (IN YEARS LASS AIRTHDAY) YRS.	IF UNDER 1			TE UNCED	MONTH 7	DAY YEA 22 19 80	R JaOHEOR
5		THPLACE (S		76. CITIZEN OF	SA		MARRIED WIDOWED	NEVER MARRI	Ba Ba	MORECITY OF	Cit	Y OF DEATH	MD
[]		1 1 timo			II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Untion 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) FOR MOST OF WORK OR INDUSTRY OR INDUSTRY							BUSINESS	
) L	JSUA 3a, ST	RESIDENCE ATE MO		ME OR OTHER INSTITUTIO UNTY	13c_CITY	OR TOWN	13d INS	DE CITY LIMITS?	3501 St	RESS Paul	St.		
1		HER'S NAMI		MIDDLE		LAST	15. MC	THER'S MAIDE		MIDDLE ?	7	LAST	
10	6a. W (YE:	, NO, OR UNKNO	OWN) (IFYES, G	ARMED FORCES? SIVE WAR OR DATES? anly ane cause per USED BY:	220	=05-851	2 E		S. Leon		St.	Paul S	St,
		Condition	ns ony wh		OR AS A CON	SEQUENCE OF			19-17-53				
	NO	cause (a lying cau	se to immedi stating the <u>und</u> use last.	ich ate (b)	OR AS A CON	SEQUENCE OF		DITION GIVEN IN PAR	T 1 (e).				
	LIFICATION	gave ri cause (o lying cau	se to immedi stating the <u>und</u> use last.	ich ote (b) DUE TO, (c) ONS CONTRIBUTING TO OR	OR AS A CON	SEQUENCE OF	AL OISEASE OR COME		ΤΙ(σ).			20 AUTOPS	
	0	gove ricause (o lying coul) PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI	Se to immedia stating the und see lost. GHIFICANT CONDITION OPERATION AL CAUSE WAS OR OR OR OR OR OR OR OR OR O	ONS CONTRIBUTING TO DE THOUR DE DEATH	OR AS A CON EATH BUT NOT RELA NOTITION FOR THE CONTROL OF THE CO	ISEQUENCE OF IEO TO THE TERMINA WHICH OPERAT DAY YEAR 19	al disease or conc tion was perf 21c how inju	ORMED?	T I (0). O (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PA	YES [
	EDICAL	gove ricause (o lying course) PART 2 01HER 51 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY (Se to immedia stating the und see lost. GHIFICANT CONDITION OPERATION AL CAUSE WAS OR OR OR OR OR OR OR OR OR O	ONS CONTRIBUTING TO DE TO, TIME HOUR DF DEATH	OR AS A CON ATH BUT NOT RELA NOTITION FOR THE OF INJURY A.M. MONTH	USEQUENCE OF TERMINA WHICH OPERAT DAY YEAR 19 (AT MOME,	AL DISEASE OR CONC	ORMED?				YES [
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STA	ĺŁ	OF	M	ARYL	AR

- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.	1/	(0 6
I. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		LAST		2R. DATE O	FDEATH	HTMOM		EAR	2b. HOUR
(TO CONTRACT)	HARRY		E.	LE	PPO				7	17 80)	6:00A A
3 SEX		4 RACE		5 DATE			6 AGE (INY	EARS LAST BI	RTHDAY)	IF UNDER		IF UNDER 24 HRS
MALE		WH	ITE	MONT 5	24	23	57		YRS		DAYS	HOURS MIN
76. BIRTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	B AMARDES	D NEVE	MARRIED [9. BALTIMO	RE CITY	OR COUN	TY OF DEA	TH	
MARYLAND		U.	S.A.	WIDOW	ED NEVE	ONORCED A		MORE	CITY			MC
BALTIMORE	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GNE STREET DICAL CEN	ADDRESS)	OR OTHER IN	STITUTION	12R USUAL			12b. K LIFE) INDU Peman	IND O	OF BUSINESS OR
USUAL RESIDENCE (IF NU 130 STATE MARYLAND	13b COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMO	N		CITY LIMITS?	134. STREET 1057			Avenue	e	
HARRY	Z.	MIDDLE	LE PPO			olyn		M . MIDDLE	C	lagett	t LAS	iT.
160 WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORA	MANT		ADDR	RESS			
YES	WW	_	216 14 0	810	VAMC	Clinica	al Reco	rds	Balt	o., Mo	d. :	21218
gave rise to in couse (in, stol) underlying cau PART 2 OTHER SK 19e DATE OF OPER 216. ACCIDENT WAS U	ting the se last.	CONDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO S ITION FOR WHICH	CO ON	NOT RELAT		MINAL DISEAS		206. IF Y	YES, WERE I	FINDIN	
THE STATE OF THE S							YES 🗌	HON	, I'V CER	YES 🗌	10363	NO [
216. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d INJURY OCCU	CAUSE OF DEA	KIH .	PEINJURY M. MONTH DA M.	AY YEAR		INJURY OCCUI	RRED JENTER NA	TURE OF INJ	URY IN ITEM 1	18, PART I OR PA	ART 2)	
WHILE IT NOT	WHILE	21s. PLACE 1 AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCA STREE			CITY OR TO	оwн	COUN	ťΥ	STATE
saw the deced	osed alive on	tal) attended the	1980 1980 ofter death.	JULY .	nd that in (m) (aur) apiniar		ed an the	17, date and h		om the	that (I) (we) last couses stated SIGNED
2M PHYSICUMY'S I	Sessa NAME IVE	-//-	fmo.		22e. ADDR		MEDICAL		AFF ICIAN 🔀		7/1	17/80
JERRY	Bensin	11.	סמי			Loch Ra			Balto	., Md	. 2	.1 2 18
236. BURIAL, CREMATION	N, REMOVAL	July 1	9,80 De		enetery o	r crematory netry	23d. LOC Wes	tmin	ster,	Md.		STATE

BP. DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is

74 FUNERAL DIRECTOR
Eline Funeral Home Reisterstown, Md. 21136

Deer Park Cemetry

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JULY 17 Is no

JULY YOU

3900Lock Rayen 11vd Balcon ad 21213

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME KNOWN [(TYPE OR PRINT) ESTI-Selma Levin DEATH MATED KK 7 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR! 2c. DATE LAST BIRTHDAY) PRONOUNCED female white 11:00 24, 1916 DEAD 64 To BIRTHPLACE (STATE OR 6. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED XX FOREIGN COUNTRY) Baltimore City U.S.A. WIDOWED [DIVORCED MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS N. Calvert Street FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore LIBRARIAN ENOCH PRATT LIBRARY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #21202 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1101 N. CALVERT ST., APT. 304 BALTIMORE MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE SACHS YETTA LEVIN ADOI PH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MR. SOL LEVINDDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 151 GRANDVIEW AVE., MONSEY, N.Y. 10952 214-40-5813 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive heart failure and chronic obstructive Conditions, if ony, which xx pulmonary disease gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND WE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? THIS AND THE STANDARD OF THE STANDARD TO THE STANDARD OF THE S YES NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY JATHOME. If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 27a. I certify that I took charge of the remains described above, held on DIRECTOR: WITH THE Inspection and in my opinion Notural causes Accident Homicide Undetermined manner TITLE (SPECIFY) 7/4/80 EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTMORE, MA ACTUAL DATE Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111Penn Street, Balto MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY CATONSVILLE MD BALTO. HEBREW YOUNG MEN BURIAL 7-6-80 24. FUNERAL DIRECTOR SOL LEVINSON BROS., INC. 250. DATE REC'D. BY REGISTRAR **DHMH-17** 6010 REISTERSTOWN RD., BALTO., MD (VR A15 ME (5)) 21215 15M7/77

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 20. DATE OF DEATH DECEASED NAME MONIH 26 HOUR (TYPE OR PRINT Catherine F. Lewis IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Female. White 04 13 07 73 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWEDX Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY enkins Memorial Altone Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER MONITOR OF TOWARD IN TOWARD IN THE TOWARD IN BALTIMORE, MARYLAND 2120 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Pasadena NO X 13 Margaret Avenue, 21122 Maryland A.A. YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE Mueller Joseph UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Pasadena, Md. 220-14-2138 Mary Carol Grant 13 Margaret Avenue No APPROXIMATE INTERVAL BET WEEN ONSET AND DEA 18 CAUSE OF DEATH Enter only one couse PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NSTAN Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT ONTRIBUTING TO BEATH BUT NOT RELATED TO TH TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY CERTIFYING CAUSES OF DEATH? NOV 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that # (this haspital) attended the deceased from HULY 17 sow the deceased alive on. and that in the (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING * MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the 000 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) COUNTY BP Meadowridge Mem. Buria1 07 - 15 - 80Pk. Elkridge Howard Maryland 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 1/76 (VR A 15 (4)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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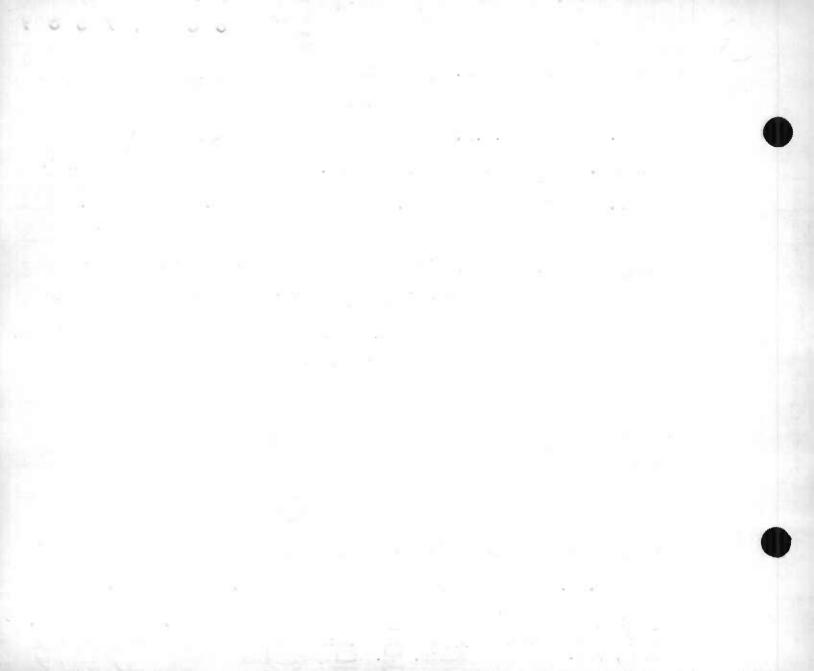
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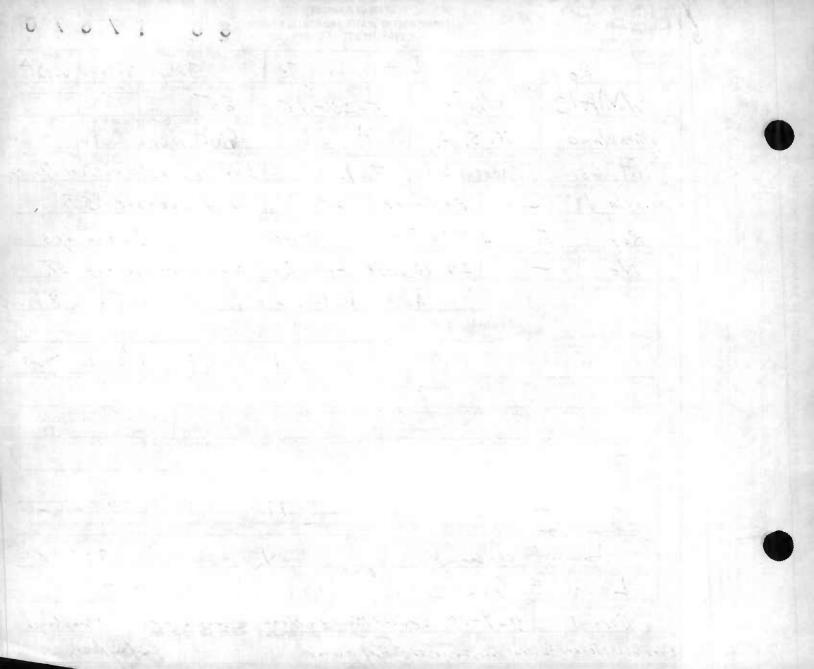
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BALTIMORE ST ASHES HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4) 1/79

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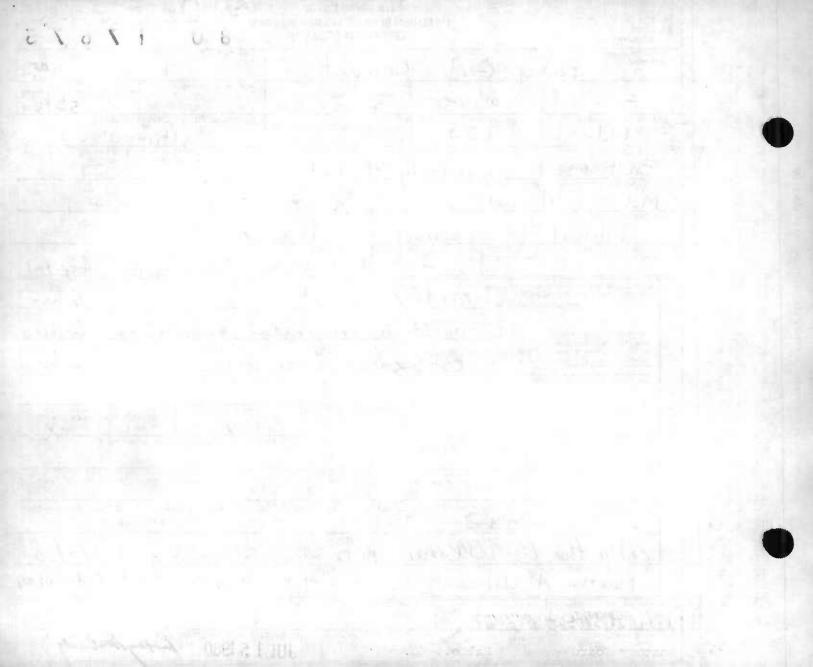
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79

Anatomy Board



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TO HOSPITAL STITENDING PHYSICIAN The Irretoined by the hospital or attending physician.

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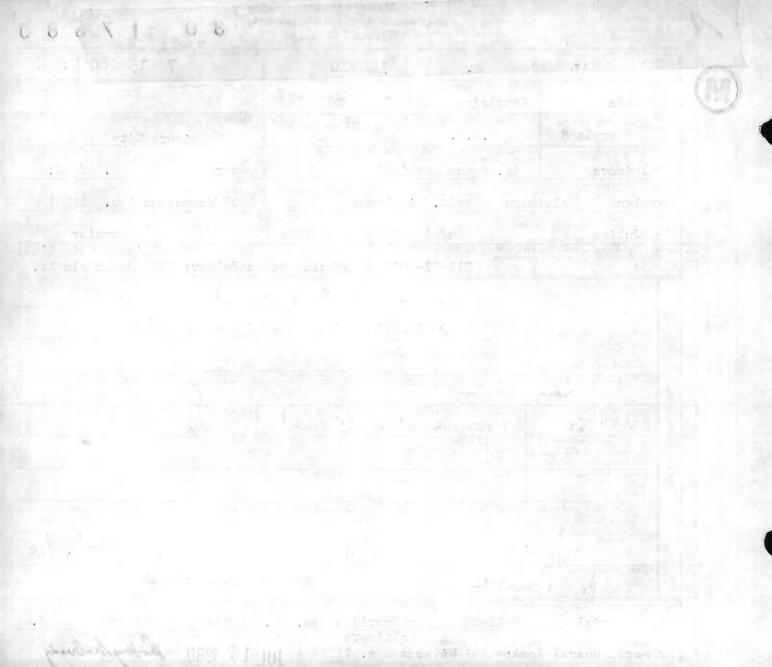
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3 ≥		BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23 LOCATION CITY OR TOWN	COUNTY
		BURIAL	7-10-800	RESTLAWN	DHUIN	IDEE, MD
H-16 25M		UNERAL DIRECTOR	ADDRESS .	BALIO 21000	ATE REC'D. BY REGISTRAN 356	property McCondy
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6	1.	FOR STATE REGISTRAR		DE	PARTMENT OF	E OF MARYLAND BEALTH AND MENTA FICATE OF DEAT		HE 8 D		7 6	7 9	
		CEASED NAME	FIRST	WIDDLE		LAST	20	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	-
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	3 SE	X		4 RACE	5. DATE	OF BIRTH	6.	AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS	_
- 1/11/11		emale		White	7		913	67	YRS.			
	M	IRTHPLACE (STATE OR COUNTRY) aryland		U.S.A.	NTRY? 8. MARRIE WIDOW	DEVER MARRIED DIVORCE	IED 🗀	BALTIMORE CITY O			M	D.
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AND 212 in 24 hour filled in hould be if must be	13a.	al residence (# nur state aryland	13b. COUN	TY 13c CITY	dalk	13d. INSIDE CITY LIA	MITS? 13	street address 6716 Rai		Avenu	е	
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TIMORE.		WAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES)	03-9609	Adam S.	.Lubi			o. MD	way Av 21222	
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A CONTRACTOR	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?	-
FINSTELLAN T PANSTELLAN T rending physics that certificate he burnel from not Americal from not frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED: 21d. INJURY OCCUR	CAUSE OF DEA	HOUR A.M. MONT	19	211. LOCATION STREET	OCCURRED	(ENTER NATURE OF INJUI		COUNTY	STATE	_
DIVIDENTAL OR ATTHADING to one of the desired by the housing or one only be desired by the state of the desired by the desired by the state of th		220. I certify that The sow the decease obove, (I) (we) (I 22b. SIGNATURE 22d. PHYSICIAN'S N	(this hospined olive on did) (did no	en view the body offer death	19 80	DEGREE ATTENLE PHYSIC 22e ADDRESS	IDING _ I	MEDICAL STAL	FIAND	221. DATE		
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DHMH-16 30M 2/80 (VRA 15, 4)	24 F	7922 Wise	Duda- e Ave	Ruck, Inc.	lk, MD	21222	JUL JUL	30 1980	25h RESISTR	AR'S SIGNAT	URE	

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24. FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md

Witzke Funeral Home of Catonsville, M.A. 21228

- STATE

REGISTRAR

Clara

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO MIDDLE LAST 20 DATE OF DEATH MONTH Lumlev July 29, 1980 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Sales person retired Lombard St. unknown 17 INFORMANT 22 5. Athol AVENUE 21229 General German Aged Peoples Home 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

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Baltimore, Maryland 256. DATE REC'D, BY REGISTRAR 331. BEST STRARS STO NATURE

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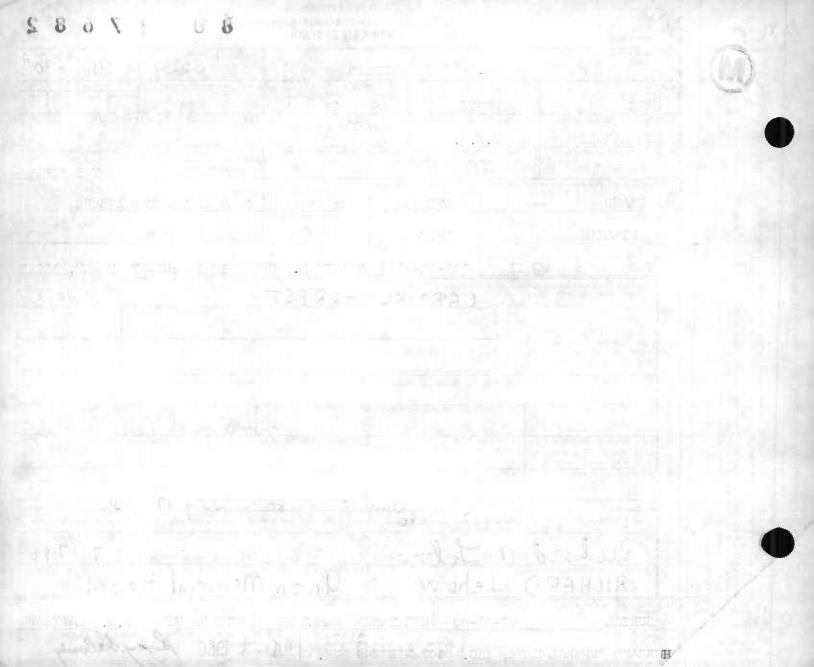
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

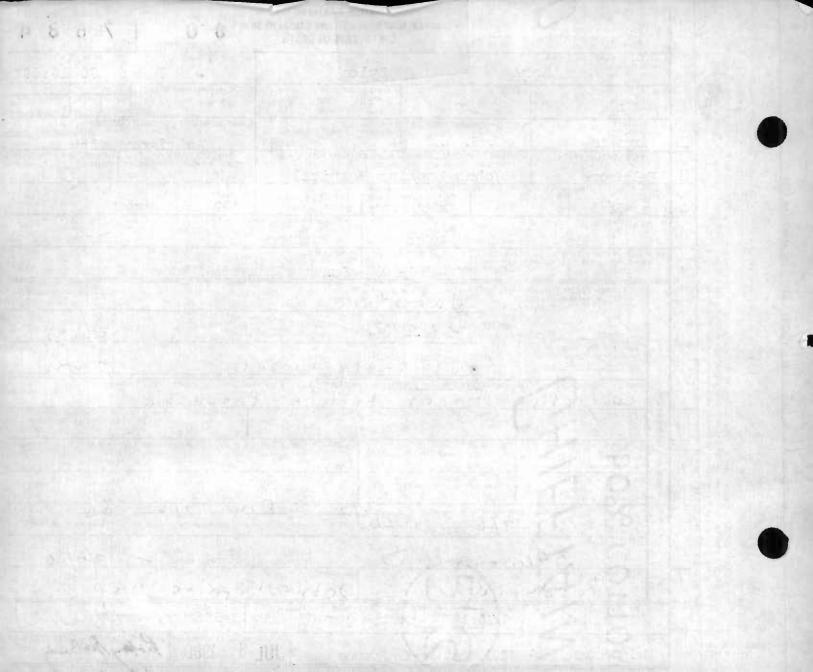
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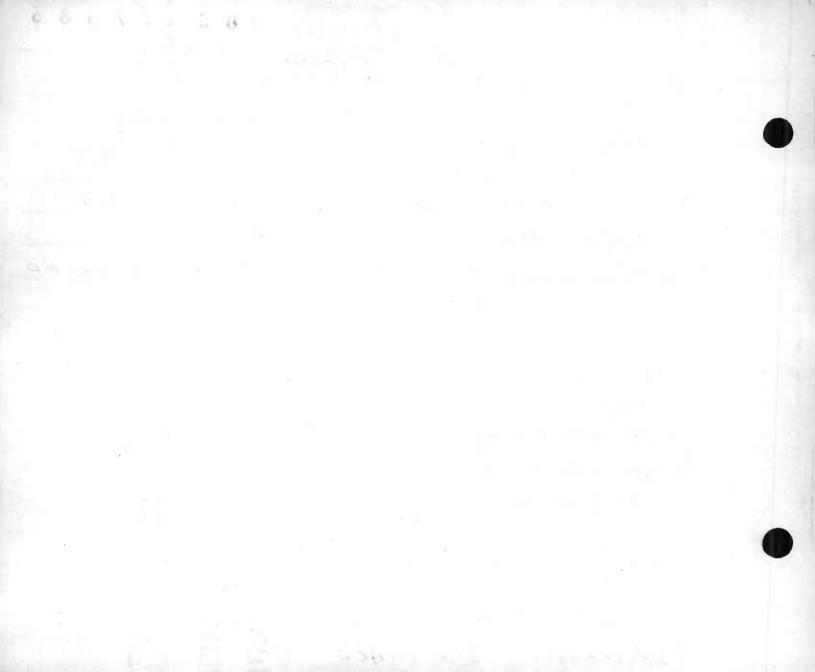
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH DAY (TYPE OR PRINT) Earl Lyles 10:50 80 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH & AGE (IN YEAR'S LAST BIRTHDAY) DAYS HOURS 10 24 Male Negro 69 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U. S. A. WIDOWED DIVORCED | Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Johns Hopkins Hospital RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1323 Eden Street Baltimore Maryland YES X NOF 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Coles Lyles Mittie Willie ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 228-18-1900A Jeanette Bruce 1166 Burke No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MEER IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR-AS A CONSEQUENCE OF underlying couse lost Oua ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 0 acumbuic 206 IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 20a. AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES NO [DIVISION OF VITAL ntal Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Me 21f LOCATION 04 21d INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from Dand that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be detail with the State C DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WA rels 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Baltimore, Maryland (SPECIFY) Mount Auburn Cemetery 7/11/1980 Burial 250. DATE REC'D. BY REGISTRAR 256. DESISTRAR'S SUSNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 1980 JUL Wm. C. March F/H 1101 East North Avenue (VR A 15 (4))



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1	by be accept death		(TYPE	EASED NAME JOHN	MIDDLE	LYNG	cH		MONTH DAY	YEAR 80	2b HOUR 12/10 PM IF UNDER 24 HRS
		ام نه		RTHPLACE ISTATE OR FOREIGN 7	RACE WHITE CITIZEN OF WHAT COUNT	MARCH RY? B	77 1979	9. BALTIMORE CITY O	YRS.	THS DAYS	HOURS MIN
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SALTIMORE, MARYLAND 21201	be execu an ond o	е педісо		(AS DECEASED EVER IN U.S. ARM es, no opunknown) (IF yes, Give v		ECURITY NO. 17 II	INDA HK	UBIN 718	Moran	EU	1/120
BAL	ertificate ng physical conceaper lemoval	event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY acute	myocard	ial infar	ction			iden
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M	4 4 5	r other tro		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF					
RDS, 20	quires signe fhen pl	njury, o	NOI	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u> non		RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1()1
AL RECO	he lo bon. hos ene	9 9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATION WA	S PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFY IN YES (IG CAUSES	OF DEATH?
OF VII	H Y	9 lem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	I OR PART 2)	
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٥	m 0 0	ош \$1 17		220. I certify that (I) (this hospital sow the deceased alive on about 1 in a not)	or view the body ofter death.	- ' '	t in (my) (our) opinion o	$\frac{7/18/8}{\text{death accurred on the death}}$			that (I) (we) lost causes stated
	0 8 0 80	I: If Hem		27b. SIG	Men	M W	ATTENDING PHYSICIAN	MEDICAL STA		7/2	SIGNED
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010		₹	23a. 8	UPIAL, CREMATION, REMOVAL	236. DATE 7-25-80	VESTVEEL	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	BAR	10 · 0	2. MD.
	DHMH - 16 50M 7/77 (VR A 15 (4))	7	7	MERAL DIRECTOR ME MAS J. SKAA	DA FH 28	29 HUDSO	250. DAJ	A 2 8 1980°	25h REGISTRA	'S SIC NA	Bury

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12	1.	FOR STATE REGISTRAR PANSY	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0	7 6 8 6
y be ge 3 deoth	1. DE (TYPE	CEASED NAME FRST	MIDDLE L.	MC BRIBE	REG. NO.	VEAR 26 HOUR 3:50 M
oge 4 mo	3. SE	7 F	RACE	S DATE OF BIRTH MONTH DAY 2 30/900	80 YRS.	F UNDER LYEAR F UNDER 74 HRS
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hours offer of in by the filed with		BALTIMORE AL RESIDENCE OF NURSING HOME OF OT	OF NOT IN SUCH FACILITY, GIVE !	STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE NURSING HOME	126 KIND OF BUSINESS OR INDUSTRY
AND in 24 hould hould	130 3	ATHER'S NAME	ALTO ES		- RIVERVIEW	N.H.
. + 0-		FIRST MID	ROBBINS ED FORCES? 146 SOCIAL	SECURITY NO. 17 INFORMANT	WIDDLE	L IAST
be ex		YES, NO OR UNKNOWN) (IF YES, GIVE W.	ar or dates) 217	300826 SHARON	FOX MARCH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hospital IRECTOR hed for us ept of He		sow the deceased alive on above, (I) (we) (did) (did not) v	7/7	ond that in (my) (our) opi	inion death occurred an the date and hour	, mai (i) (we) lost
RAL TATE		226 PHYSICIAN'S NAME (TYPE OR PR	SENKO	ATTENDIN PHYSICIA 22e ADDRESS	AN DIRECTOR PHYSICIAN	7/7/80
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
4504 DHMH-16 20M (VRA 15, 4) 7/78	24 FI	UNERAL DIRECTOR NAME 1. E. CONNELI	7/10/82 ADDRES	55	DATE REC'D. BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE

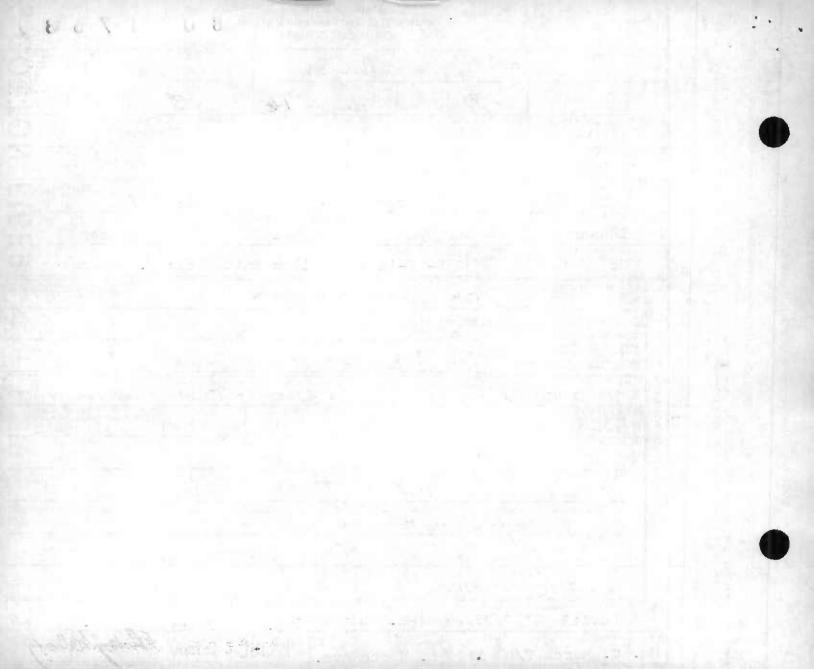


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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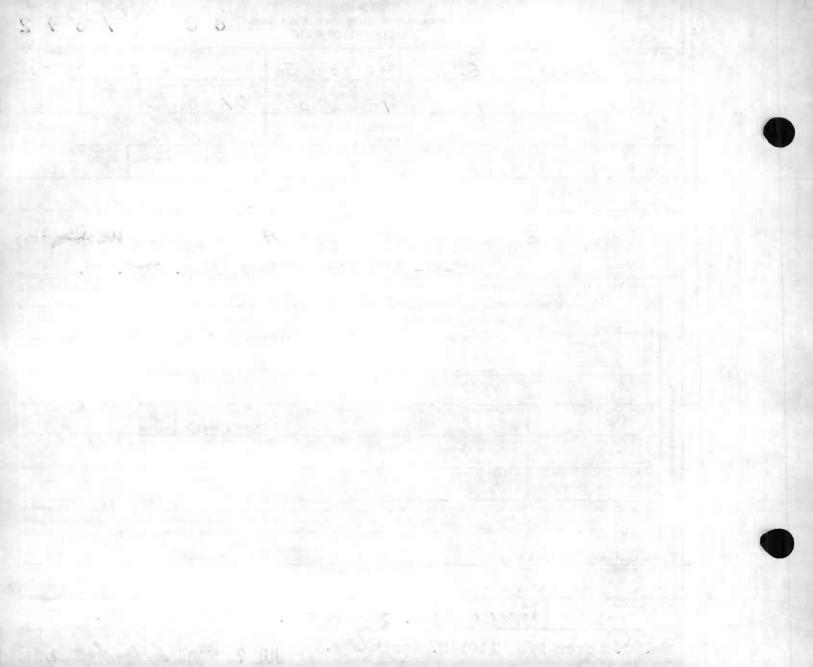
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR ALIRA (TYPE OR PRINT) 820 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORF WIDOWED DIVORCED [IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore Dukeland N/H 13d INSIDE CITY LIMITS? MD YES TX 14 FATHER'S NAME MIDDLE Dardey MIDDLE Thomas Mittie Duprey 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 238-28-1828 E Lillian Smith 3615 W. Lexington Ave 18 CAUSE OF DEATH (Enter only one couse per line for 10), tb , and ic PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST MINITRES IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF DAYS SEPSIS Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF BOWEL NECROSIS (OBSTRUCTION cause to, stating the underlying couse lost CERTIFICATION 190 DATE OF OBERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 80 HOURTA.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Ε (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION ö 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC. CITY OR JOWN COUNTY STATE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 950 saw the deceased alive on , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did natiview the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b UTHERON HOSPITAL OF MD. MOLFINI) 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE Mt. Calvary Cem Burial 7/25/80 Baltimor Co. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAL DHMH - 16 50M 1/76 ADDRESS Wm. C. March F/H 1101 E. North Ave. (VR A 15 (4))



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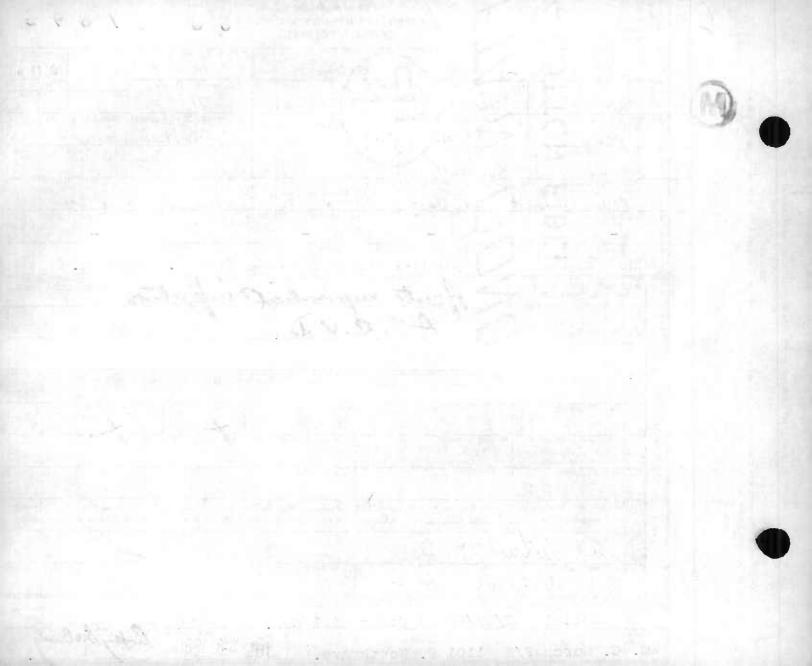
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Jea V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (IF YES, GT	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT EDWARD 1	NAGNESS- 310	SHIRE,	REPOLIG PAYS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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# # # # # # # # # # # # # # # # # # #	8. Sche	u MD	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STA	FF	7/16/80
IMPORTANT:	226 PHYSICIAN'S NAME (TYPE	remer MC	3900 LOCH	I RAVEN BLVD.	BALTO.MI	21218
23o. 8	BURIAL, CREMATION, REMOVA	L 236 DATE	231. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION CITY OR TOWN	COUNT	TY STATE
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SS. S. S. F.		CEASED NAM PE OR PRINT)	E FIRST	TER (MA	MIDDLE YTH)			ITH			20. DATE KNO	OWN A	7	10 19 80	26. HOUR
S NECESSARY PLEASE E EUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO, WITHIN 22 HOURS W. PRESTON STREET,	-	ale	4. RACE negro	5 DATE OF BIRT	5 97	6. AGE (IN YEAR LAST BIRTHDAY	MONTH:	DER 1 YR.	IF UNDE	MIN	2c. DATE PRONOUNCED DEAD		7	10 19 80	24 HOUR 11:5
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGE BATTH, WITH THE ST BALTIMORE, MARYLAND, 212		22a. I certif death resulte ACTUAL SIGNATURE	,	ge of the remoins d	Accident	ive, held on Suic	Autops	Homic	PECIFY)	Undet	Inquiry Ermined manner	, [],	DATE SIGNE	7_11_	80
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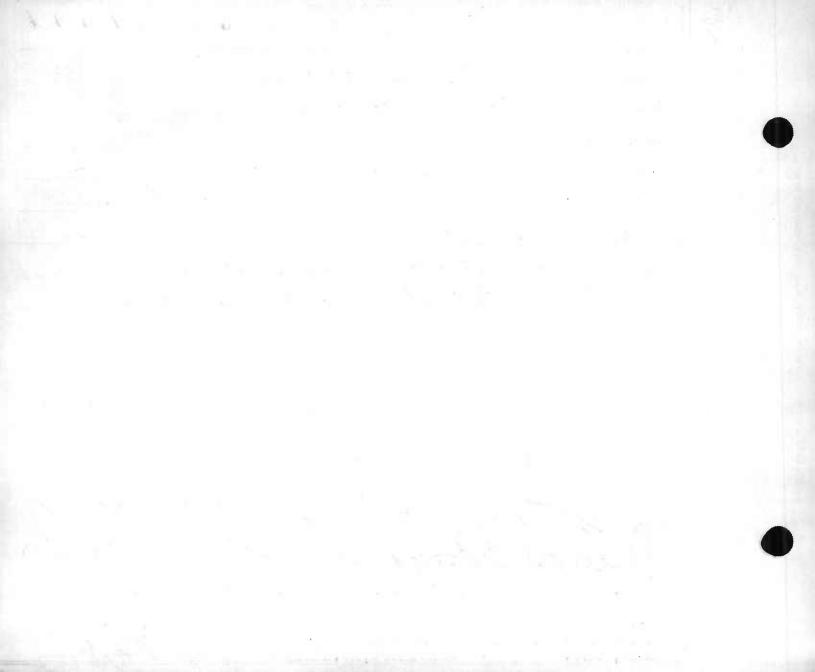
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M	3 SE		1 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 3 9 09	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	IF UNDER 1 YEAR IF UNDER 24
of orce		RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWELE DIVORCED	9 BALTIMORE CITY OR COUNT Baltimor	
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and 2 sh		ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
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cremove c cremotian, ther troum		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEG	DUENCE OF		
ermit. Then please remove c sprior to buriol, cremoflan, s ony injury, or other troum:	ICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF A CONTRIBUTION OF CONTRIBUTION	DUENCE OF ODEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
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And	3 SE	Fernale &	lack S DATE OF BIRTH MONTH DAY 12 190	& AGE (IN YEARS LAST BETHDAY) # UNDER 1 YEAR # UNITED MOUNTS HOURS YES	24 HWS.
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that the death certi by the attending phise remove carbon pal cremation, or rem or other traumatic		Conditions, if any, which gove rise to immediate	Adla mala tes	Carchio Vasaula Mary	1con
he law requires ias been signed mit. Then pleas e prior to buria ows any injury.	ATION	Cerefror	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? ZON IF YES, WERE FINDINGS USE	D
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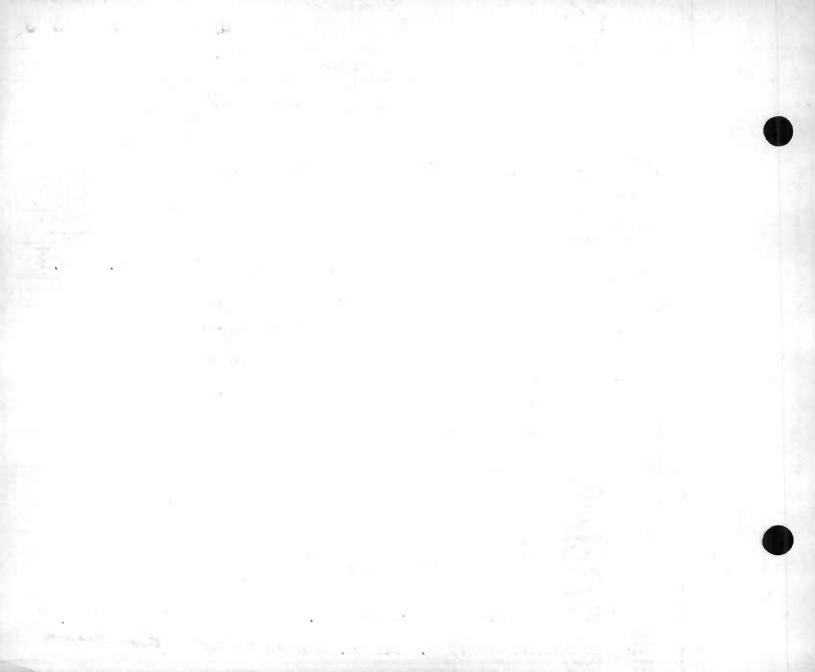
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	1.	FOR STATE		ALTH AND MENTAL HYGI	ENE 8 0	17	701
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₹ - e c c = - £		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B	ine couse per line for (a), (b), and (c).)		The second	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Ear1 F Martin 4. RACE 6. AGE (IN YEARS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR 58 yps PRONOUNCED 90 white male. DEAD Jo. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH Mary Land USA Baltimore City WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g, USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Warehouseman W. University Parkway Baltimore 3. RETAIN P SHOULD BE I RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 526 W. University Pkwy. 13d INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN Baltimore Marvland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Virginia MIDDLE MIDDLE OF YOU'S Charles Cresswell Martin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT ADDR \$605 Elmora Ave. DIVISION PAGES Yes 214-14-5675 Carolyn Martin, wife, WW APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PERMIT. PART I DEATH WAS CAUSED BY AN CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES XX NO 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECTOR: Moreyof causes XX death resulted fram: Accident Hamicide L Undetermined monner TITLE (SPECIFY) 7/10/80 PAGE 4 SHOU TO FUNERAL D AFTER DEATH, Assistant SIGNATURE. EXAMINER'S NAME 111 Penn Street Baltimore MD 21201 (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS. 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Green Mount Crematory Balto., Md. Cremation BP 24. FUNERAL DIRECTOR AR'S SIGNATURE **DHMH - 17** Schimunek Funeral ADDRES 331 Brehms Lane (VR A15 ME (5)) 15M 7/77

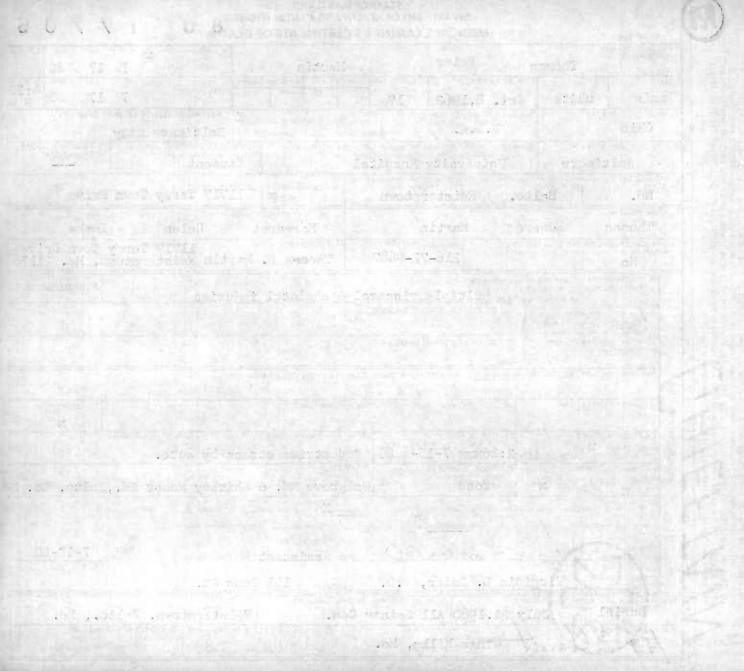
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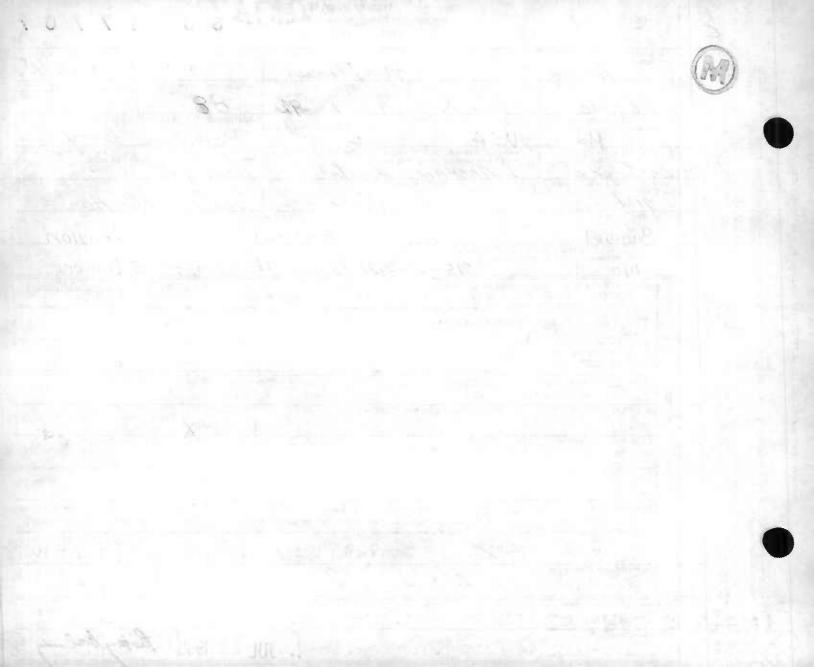
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINTI Peter ESTI-Thomas Martin DEATH MATED 17 19 80 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Oct. 8,1962 male 80 white 17YRS DEAD Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED Baltimore City DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Student Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Balto. 13d. INSIDE CITY LIMITS? 13. STREEL ADDRESS TOWN Drive Reistersbown NO PA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Margaret Edward Thomas Martin PERMIT, PAGES 1 AND SIENE, DIVISION OF WILL Helen Immke Thomas E. Martin Reisterstown, Md. 21136 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT IYES, NO. OR UNKNOWNI 216-72-9687 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Multiple visceral & skeletal injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 2:26 XXX 7-15- 19 80 UNDERLYING TO OR MEDICAL Pedestrian struck by auto. CONTRIBUTING CAUSE OF DEATH 216. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, FTC) Walgrove Rd. & Shirley Manor Rd., Balto. Co. Md WHILE AT WORK road Autopsy X 22a. I certify that I took charge of the remains described above, held on OR: Inspection Accident X deoth resulted from: Suicide Undetermined monner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA 7-18-80 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St. 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPEC Burial July 21,1980 All Saints Cem. Reisterstown, Balto., Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** Wills, Md. VR A15 ME (5) JUL ~ % 1980



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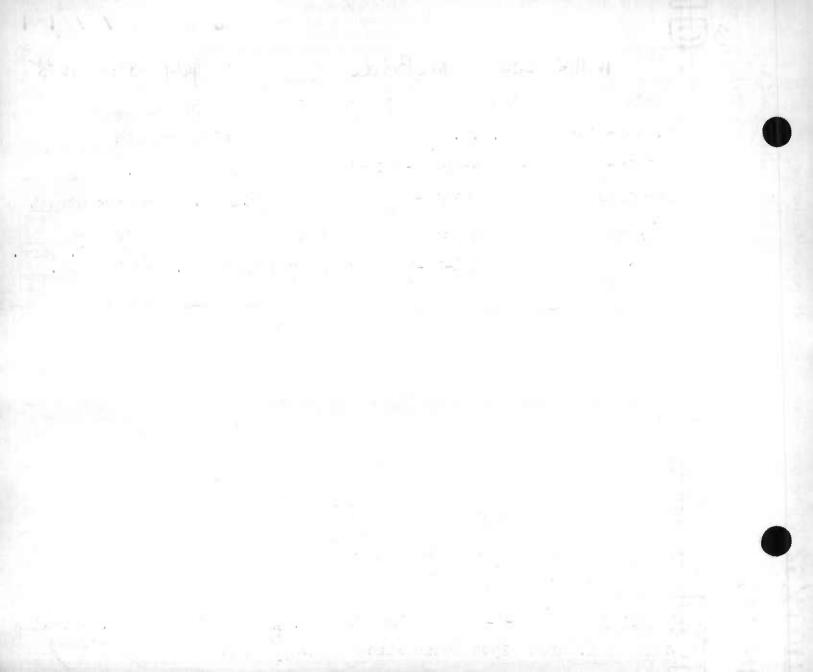
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

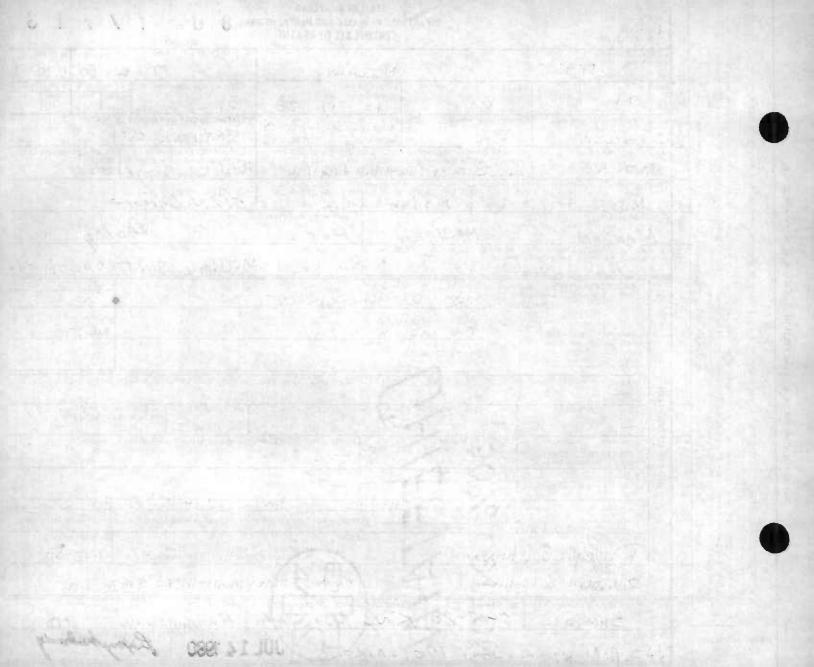
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and 2 the	20	4 FA	THER'S NAME	MCC/ARL	,	15. MOTHER'S MAIDEN NAM		0	legiasi	
Poges	1		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	RITY NO.	17. INFORMANT Rev. Cecil	McClary	7111 Por	215 mou	th Rd
to the	1		BIGHT BELVILLING CAUSES	one couse per line for (a), (b), and					APPROXIM BETWEEN OF	MATE INTERVAL MSET AND DEATH
ome ome			PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) CARDIO PUL	MONT	MY APPEST			30	MIN
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nsit permit. rgiene priai	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	SPERATIO	N WAS PERFORMED	YES NOT	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C	OF DEATH?
S. S.		ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE				
ental Hy	91	-	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	-				
g & 5	1	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
Health and is marked			220.1 certify that (1) (this haspital sow the deceased alive on _	ol) ottended the deceased from	JULY	nd that in (my) (our) apinion of				hot (I) (we) last
n. of			obove, (I) (we) (did) (did not) 22b. SIGNATURE			DEGREE	Secur occurred on me di	ore ond nour on	22c DATE S	
tate Dep		vid	Raublyh 6.1	Chapp MD		ATTENDING	MEDICAL STAI	FF	7-12.	-80
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50M 7/77 5 (4))		24 FL	INERAL DIRECTOR	1 - Sons 1701	10	RENS JUL	REC'D. BY REGISTRAR	Z36. HILLSTINAR	JAN B	mody
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STATE OF MARYLAND



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mpletely nd 2 sho	I4.F	ATHER'S NAME FIRST Jame		Ley McC	omas		15. MOTHER'S MAIDEN NAME FIRST MOLLIE	Pennington		LAST	
e be exection and consider the mection of the mecti		WAS DECEASED EVER	IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SEC 219 05		Mrs. James E	ADDRES		e Rd.	•
: The law requires the lass been signed by sermit. Then please or ene prior to burial, costows any injury, or	CERTIFICATION	PART 2 OTHER SIGN	NIFICANT C			<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INÅL DISEASE OR COMD	20h, IF YES, WE	RE FINDING	
SICIAN hysician. certifical transit protect Hyginal Hygin Item 18		216 ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT ALEXAMINER)	TH HOUR A	.m. MONTH .m.	DAY YEAR	214 HOW INJURY OCCURR	YES NO DEED (ENTER NATURE OF INJUR	YES 🗌		ио 🗌
attending physical strength of the purish as the burial alth and Mers marked or	MEDICAL	WHILE NOT WAT WORK	HILE		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
TO HOSPITAL OF ATTEN retained by the hospital or a: TO FUNERAL DIRECTOR: should be detached for use a: with the State Dept. of Healimportant: If Item 21 is:		276. I certify that (I) sow the deceas abave, (I) (we) (s 278. SIGNATURE 278. PHYSICIAN'S No.	ed olive on did) (did not	TVIEW THE body	19	<u>C-5.</u> 0	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF			
	230.	BURIAL, CREMATION; (SPECIFY) Buri			100	_	3222 EMETERY OR CREMATORY Lawn Cemetery	23d. LOCATION CITY OF TOWN	coun		SOFF
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR			ADDRESS			Cambridg			RE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 3 SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 59 Female Negro 6 & BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Provident Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS Maryland Baltimore 1946 Harlem Ave. YES X NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE John McCrav Washington Barbara 166 SOCIAL SECURITY NO ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215-78-8261 Barbara McCray 1946 Harlem Ave. CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY W. PRESTON ST. IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost DIVISION OF VITAL RECORDS, 201 Medica PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO from 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION pproval (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the declased from sow the deceased alive and that in (my) point opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body of 22b. SIGNATURE 224 DATE SIGNED DEGREE ATTENDING STAFF 6-25-80 PHYSICIAN DIRECTOR PHYSICIAN e ADDRESS MPORT, 2300 Garrison Boulevard Elijah Saunders, M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Baltimore STATE 6/30/80 King Mem. Park MD Burial County 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS (VR A 15 (4)) Wm. C. March F.H. 1101 E. North Ave.

STATE OF MARYLAND

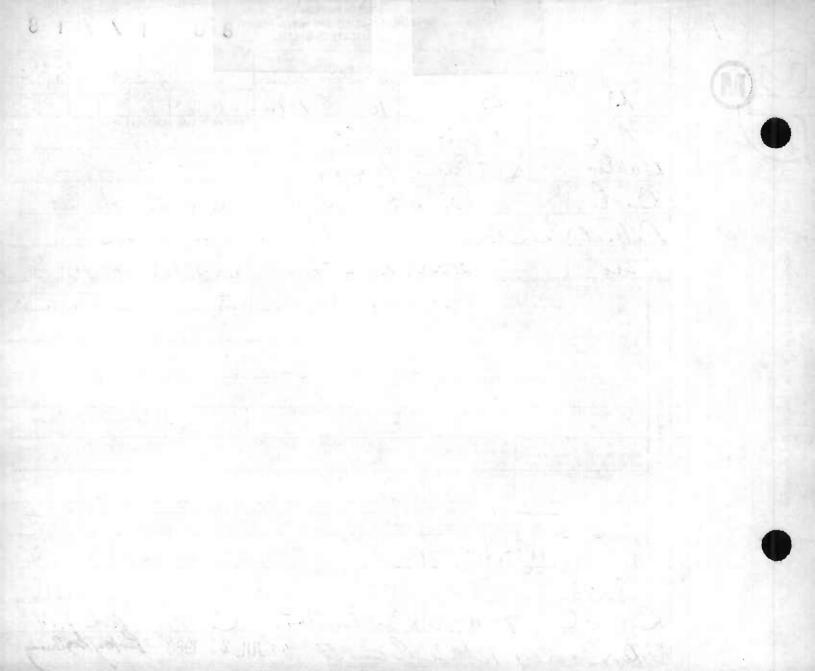
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IMORE, se execu-		NAS DECEASED EVER IN U.S. A	RMED FORCES? IN SOCIAL VE WAR OR DATES)	SECURITY NO. 17 INFORMAN 22-72/3-H JOH	THE MCDEN	ADDRESS	3 LAUREN	s St.
the death certificate and and a second of the offending phremove carban premote arban or remore traumatic ever		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONS DUE TO, OR AS A CONS OUE TO, OR AS A CONS	brovascular EQUENCE OF	acciden	t	7	aceths
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ON OF VITAL HYSICIAN: The ding physicion is certificate h buriol-fronsit I Mental Hygies or Item 18 show		?10. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE {IF EITHER, NOTIFY MEDICAL EXAMINES	P.M.	DAY YEAR	URY OCCURRED (ENT	ER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)	
DING PHYSIC or offending a After this cert is as the burial oith and Mente marked or them	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FICE, FARM, ETC.) 21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
of He		the deceased alive a	oital) attended the deceased for the second for the	19, and that in (my) (, 19, to our) opinion death acc	curred on the date o	nd hour and from the c	1
OR he he he hor DIRE		SIGNATORE OAA	Sha M	PI	TENDING MEDIC	CAL STAFF TOR PHYSICIAN	B DATES	0/80
O HOSPITAL TO FUNERAL should be det with the Store		DAN 1	MORTON	220 ADDRESS MD 730	Ashburt	on St.	21	216
90/ BP	X	SPECIFY) REMOVA SPECIFY)	7-14-80	231 NAME OF CEMPTERY OR CF	et. X	BORTOWN C	Thel,	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	19.5	NERAL DIRECTOR	6 / APDRES	00 10	25a. DATE REC'D	BY REGISTRAR 256. I	REGISTARY SIGNAL	Cready



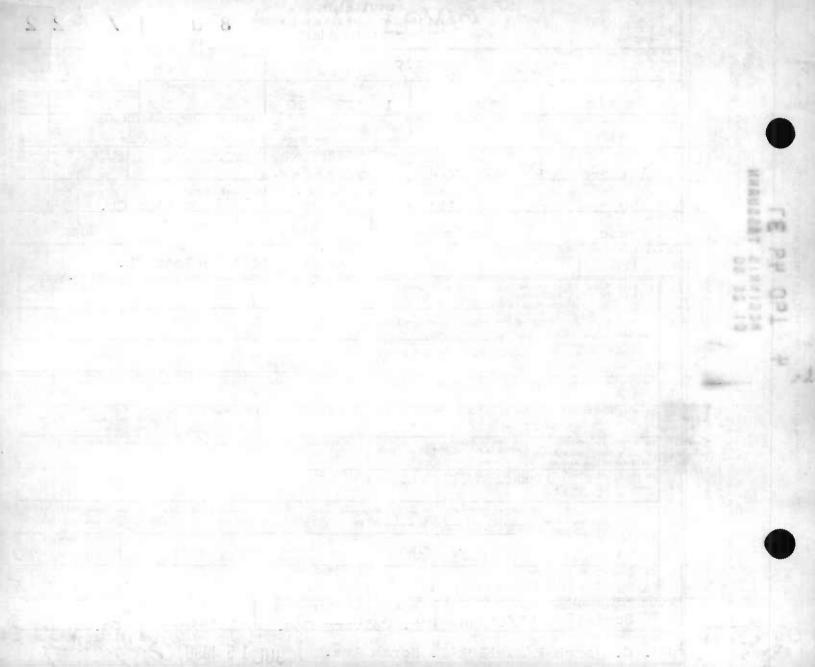
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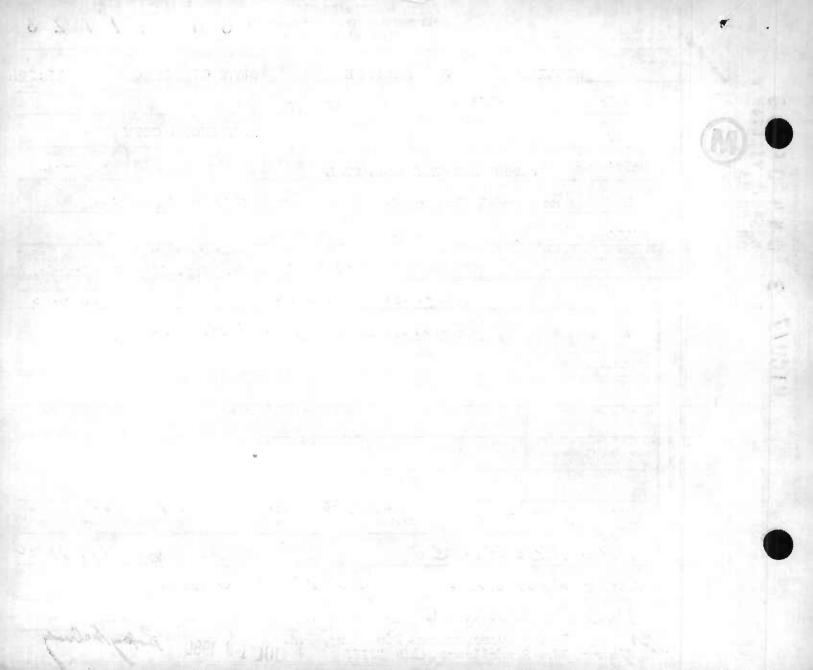
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	THE ON PRINTING	ELIZA	BETH]	MC FARLAND		OF ESTI- DEATH MATED	0 7	29 19 80	
3.5	EX	1. RACE	S. DATE OF BIRTH				ER 24 HRS. 20		MONTH	DAY YE	
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7a.	BIRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY	? B. M	ARRIED NEVER MAR	PIED 7.	BALTIMORE CIT			
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10.	CITY OR TOWN		11. NAME OF HO	SPITAL, NURSIN	NG HOME, OR	OTHER INSTITUTION	12a. USUA	LOCCUPATION (TYPE OF WORK	126. KIND OF	BUSINESS
	Balti			loodingt			FOR MO	ST OF WORKING LIFE]		OR INDU	SIKY
USU 13a.	STATE	(IF IN NURSING HOME C	OR OTHER INSTITUTION, C	134 CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREE	TADDRESS			
	M			Balto).	YES X NO		. Woodin	gton F	≀d.	
14. 1	FATHER'S NAM	E	MIDDLE	LAST	WALLEY.	15. MOTHER'S MAI	DEN NAME	MIDDLE		LAST	
	John		L.	Cro		Etta			Deally		
160.	WAS DECEASI YES, NO, OR UNKN	DEVER IN U.S. ARA	MED FORCES?	166. SOCIAL	SECURITY NO	17. INFORMANT		ADDRE	SS		5
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	18 CAUSE	OF DEATH (Enter on EATH WAS CAUSED				N-15-1				APPROXIM BETWEEN OF	ATE INTERVAL
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		ons, if ony, which	(b)								
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			(c)				25-11				
-	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	D THE TERMINAL D	SEASE OR CONDITION GIVEN IN	PART 1 (a).				
CERTIFICATION									10.14		
CA	IVO. DATE O	FOPERATION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED?				20 AUTOPS	Y?
RI	42 575521									YES [NO IX
CE	UNDERLYIN	AL CAUSE WAS		FINJURY A. MONTH DA	Y YEAR	c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM	18 PART 1 OR PA	RT 2)	
MEDICAL	CONTRIBUT	ING CAUSE OF D			19				25		
MED	21d. INJURY	OCCURRED	STREET, FAC	OF INJURY (A	THOME, 21f	STREET STREET	C	ITY OR TOWN	со	VINUY	STATE
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	deoth resul	ted from Natur	al causes X	Accident], Suicide	, Homicide		nined monner],	-	
	COMPANY	1200-	1	1		TITLE (SPECIFY)					
	SIGNATURE	100	YX	1	-	M.D. Assista	ant MEDICA	AL EXAMINER	DATE	7-29	-80
	EV A LA IN IED/G	\An	n M. Dixo	on. M.D.	V Clerk		lll Pe		010112		
	EXAMINER'S (TYPE OR PR			, 11.D		ADDRESS		III 50.	35.79		
23a.	BURIAL, CREMA	TION, REMOVAL 2	36. DATE	23c. NAM	E OF CEMETER	Y OR CREMATORY	23d. LOCA	ATION	COM	NTY	ITAN
E	burial		3/3/80	Kin	a Memor	rial Park		timore Co			
	NAME		ADDRES:	× 31 CIC		25a. DATI	E REC'D. BY RE	GISTRAR 15	GISTRAIL'S		7-11
M	m C Mar	ch F/H		E. Nort	h Ave.	JUL	20 13	80	7/1	-creaty	

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Ctor, p	ce.	3 SE	Male	* RACE White		S DATE OF I	DAY 28	YEAR 33	6. AGE IIN YEAR 46	S LAST BIRTHDAY	YRS.		HOURS MIN
	33		RTHPLACE (STATE OR FOREIGN OUNTRY) MD	75 CITIZEN OF WHA	T COUNTRY?	MARRIED A	NEVER M	ARRIED	BALTI		1.00	DEATH	MD.
CO E MES	133		Baltimore	11. NAME OF HOSE (# NOT IN SUCH FACE JOHNS HO	PKINS	HOSP:		TUTION	120 USUAL OC (TYPE OF WORK FO Social	CUPATION PROST OF WOR SECUX	RKING LIFE) II	26. KIND OF NDUSTRY Disaba	ility
onid be file	mainer m		ALRESIDENCE (# NURSING HOM STATE 136 CC MD Ann	DUNTY 113c.	residence before CITY OR TOWN Len Bux	1 113	INSIDE CIT	Y LIMITS?	13m. STREET AD 7876	odress Americ	ana C	'ircle	
with the section	e x	14 F	ATHER'S NAME	WIDDLE	LAST	15		MAIDEN NA		MIDDLE		LAST	
The state of the s	270		William	F.	McGra	ne l		icu Ann		WIDDLE		Ellis	
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te be	t, the		No	- 21	2-30-94	86 7	876 An	nericar	a Cr.,	Apt. 1	02. G		
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ss that the d	r, or other tr		Conditions, if pny, which gove rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS			176	nen	ar qu	oeus	e		
law require been signed Then ple	s any injur	TION	PART 2 OTHER SIGNIFICAN	TONDITIONS CONTR	17e2 -				INAL DISEASE			IN PART 1(0)	
N: The	18 shows	CERTIFICATION	DATE OF OPERATION	176 CONDITION	YFOR WHICH	Dreka HOIN	WASFERFOR	MED				G CAUSES C	
PHYSICIAN: ng physician. this certificate urial-transit p	or Item 1	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M.	MONTH DA		It HOW INJ	URY OCCURE	ED (ENTER NATU	IE OF INJURY IN I	TEM 18, PART 1	OR PART 2)	
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ATTEN(ital or at CTOR: or use as	m 21 is r		220.1 certify that (I) (this ha	7/	19 9	4) and	/ 80 that in (my) (our) opinion o	deoth occurred	on the date o	nd hour one		hot (I) (we) lost ouses stated
TALOR the hospital the hospital the hospital than the hospital tha	VT. If Ite		226 SIGNATURE	Render	nd	DE	GREE AT	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	(A)	22c. DATES	7/80
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DHMH-16 (VRA 15, 4	25M) 1/79		UNERAL DIRECTOR LO 228 Liberty Rd	ring Byers ., Randalls				P.A. DATI	L 181	980	proper	y med	J.



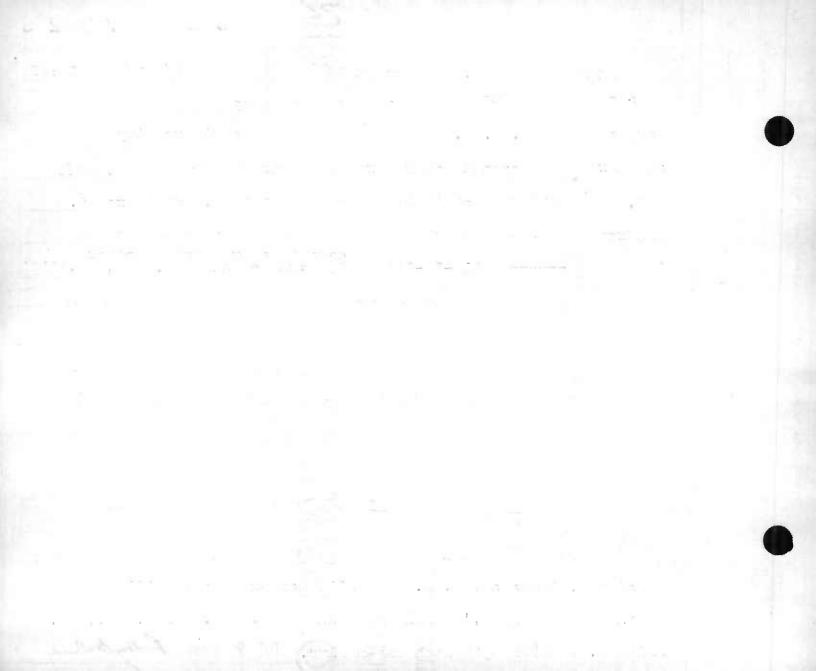
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-1980 20 James Mc Kenzie Sr. DEATH MATED 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 2d HOUR MONTH DAY LAST BIRTHDAY) PRONOUNCED black. 20, 80 8:10F male 18 24 56 5 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR FOREIGN COUNTRY) MARRIED K NEVER MARRIED Baltimore City Ohio USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Mercy Hospital FOR MOST OF WORKING LIFE! Baltimore RETAIN 3. RETAIN SHOULD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1425 N. Luzerne Ave. NO T MD Baltimore VITAL 14. FATHER'S NAME AND YOF V 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST Leroy Frances 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** SIT PERMIT, PAGES 1 HYGIENE, DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES" Lillian B. McKenzie 1425 N. Luzern 277-18-5133 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES TXX NO 3 SHOULD BE DEPARTMENT **BE** 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 214 PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK DIRECTOR: Autopsy Inspection and in my apinian ARYLAND, death resulted ! Homicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE ACTUAL M DeputyChief MEDICAL EXAMINER 7/21/80 EXAMINER'S NAME D. Smith. M.D. ADDRESS 111 Penn Street Baltimore MD 21201 OAX 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/25/80 Loudon Park Cem. Baltimore MD 250. DATE REC'D. BY REGISTRAR 256. REGISTAR'S SIGNALURE 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)) Wm. C. March F/H 1101 E. North Ave. 15M 7/77

STATE OF MARYLAND

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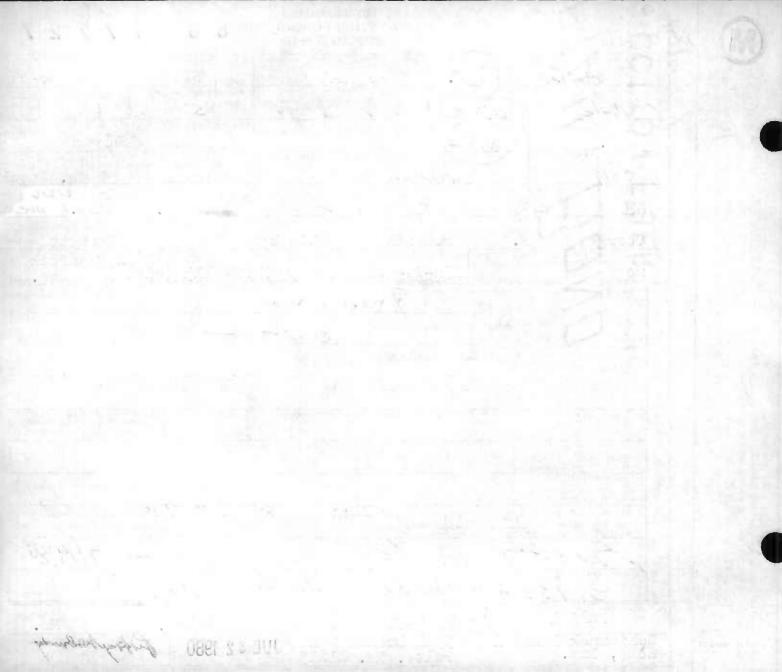


26	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R (1977)								
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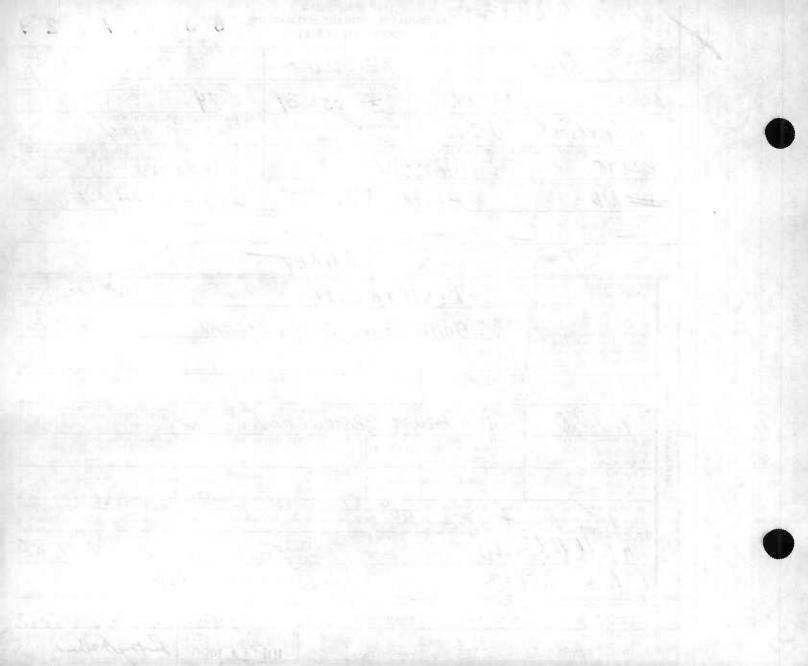
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t ma	3 SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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O HOSPITAL OF A stained by the hosp O FUNERAL DIRE thould be detached found the State Dept.	22d. PHYSICIAN'S NAMI 5 HLOM		220 ADDRESS John	Stopken Hop H	- Rest Name / 12
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27/7 DHMH-16 25M (VRA 15, 4) 1/79		h F/H 1101 E.	North Ave. 25. DA	IL 22 1980	TRAR'S SIGNATURE

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quires that the death cert gned by the attending ph please remove carbon pa burial, cremation, or rem njury, or other traumatic	NO	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COM	NAL FA	ILURE OBSTRUCT NOT RELATED TO THE TERM		APPROXIMATE INTERVAL METWEEN ONSET AND DEATH / DAY/S / 4DAY/S TION GIVEN IN PART 1(0)
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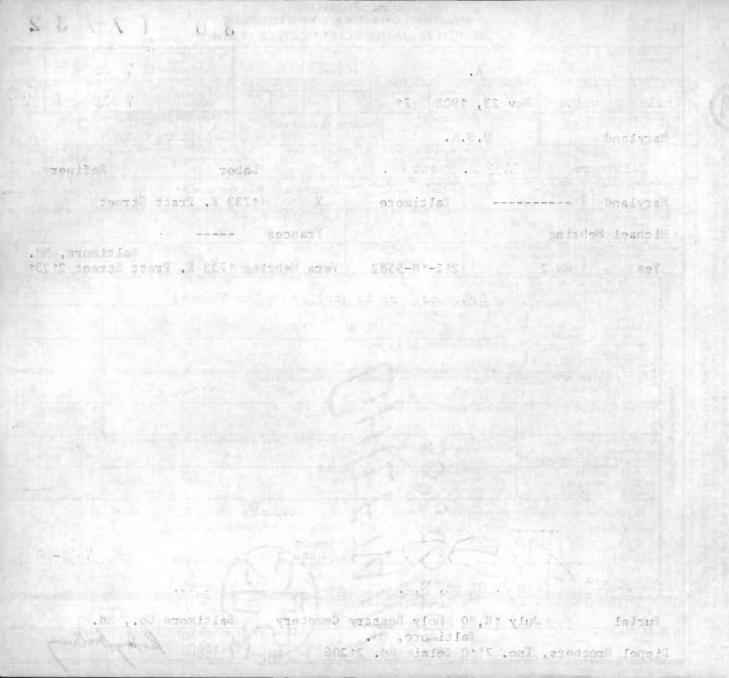


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hou hou	.7a B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN C	OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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	36.50 5.35.53	3. SEX	female white	5 DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTH	DER 1 YR. IF UNDER	MIN. PRON	DATE IOUNCED DEAD	7 1	30 ₁₉ 80	7:52
	NECESS FUNERAL S FOR WITHIN	FC	RTHPLACE (STATE OR REIGN COUNTRY) aryland	76. CITIZEN OF WH.	AT COUNTRY?	8 MARRII WIDOW	ED NEVER MARRI	IED 🔲	ITIMORECITY OR Baltimore	-	Y OF DEATH	MD.
	AY IS PRED 301 V	В	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACE	PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS) IN Drive, Dri	uidHi		120. USUAL O	CCUPATION (TYPE OF TWO REING LIFE)		OR INDUST	USINESS
	ANY DANY DAND 3 RETAIN HOULD RECORD	USU/ 13a_S M	RESIDENCE (IF IN NURSING HOME COUNTY)	R OTHER INSTITUTION, GIVI TY	Baltimor	e	13d. INSIDE CITY LIMITS? YES NO	134812^	Hamilto	n At	7e.	
	E, MD.	14. F/	Joseph	MIDDLE	Burghar	dt	15. MOTHER'S MAIDE Martha		MIDDLE	D	izbic	ki
	BALTIMORE, UNS AFTER DE 8. GNE PAGE 8. GNE PAGE 1 T. PAGES 1 APPLICATION OF DIVISION OF	16a V (Y	VAS DECEASED EVER IN U.S. AR/ 55, NO, OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	218-46-6		Martha:	Long, m	ADDRESS	675		1206 ht Rd
	ST., HOL NG NG NG NG NG NG NE, I		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED		for (a), (b), and (c).) int force in	niuri					APPROXIMAT BETWEEN ONSE	E INTERVAL
			Canditions, if any, which		AS A CONSEQUENCE C		20 20 2400					
	TED V TED V XAMI XAMI MENTR MENTR		gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR A	AS A CONSEQUENCE C	F						The same
	L RECORDS, 30 ULD BE EXECU F. MEDICAL IN F.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a),				
	₹ 985563	IFICATI	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH OPERA	ATION W.	AS PERFORMED?			117/4	20. AUTOPSY	? NO 🗆
	CERTIFICATE SHE TING THE WORD PED TO THE CAS 3 SHOULD BE UDERARMENT OF PRIOR TO BURIAL	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		MONTH DAY YEAR 7/28 19 80		w INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT 1 OR PART		NO L
		MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.) in Woods	21f. LOC	ATION REET 1Swann Driv	cny	ORTOWN	cour	imore.	STATE
	IER: THE ATE, NOTE, NOTE, NOTE, NOTE, NOTE, PARE STATE OF, 212		22a. I certify that I taak charg death resulted from: Natur	e of the remains descr	ribed above, held an	Autaps			Juiry , and	in my opi		MD
	EXAMINE E CERTIFICA OULD BE FO IL DIRECTOR H, WITH THE MARYLAND,		ACTUAL A	Buc	accident , suit		TITLE (SPECIFY) Assistant			DATE	7/3	31/80
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAN	-	SIGNATUREEXAMINER'S NAME (TYPE OR PRINT)	Hormez	R. Guard, M.	D.		MEDICALI		SIGNED 7	/31/80	2700
2	EXEC PAG TO PAG PAGE BALTE	23a.B	JRIAL, CREMATION, REMOVAL 2	36. DATE 8/2/80	23t. NAME OF CEM Gardens	ETERY OF		23d LOCATION BA	ltimore	count Md		TATE
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		Home Inc	uneraloress		ms I	ane 250 DATE F	REC'D. BY REGI	198 (15b. REG	1	ANGAL VA	1

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3/2-3 COUNTY OF THE PARTY OF THE PART aser at July Malayman more restaurant Table Construction of the construction (TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

retained by the haspital or attending physician

TO HOSPITAL

10	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R 1 7 7 3 4
16	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
(M)	DECEASED NAME FRST Betty MODIE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR THE COURT OF THE PROPERTY OF THE P
4	Female RACE White S. DATE OF BIRTH MONTH DAY YEAR OF SIRTHDAY) FUNDER 1 YEAR OF UNDER 24 HIS MONTHS DAYS HOURS MIN.
Second de	76. BIRTHPLACE (STATE OR FOREIGN COUNTY OF WHAT COUNTY?) MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OF DEATH WIDOWED DINORCED PALT. CITY. MD.
by th	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 122. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 123. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
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ompletely 1 and 2 sh examiner	' Theodore Steele Steele Steele Thiele Thiele
S. Pages F	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 7 ADDRESS (YES, NOOR UNINOWN) (F YES, GIVE WAR OR DATES) 17 10 SOCIAL SECURITY NO. 17 INFORMANT 7 ADDRESS Leroy A. Menikheim, 3650 Buena Vista Ave
e aean cermicale totending physici move corbon paper opian, or removal froumatic event, th	18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)) PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A ONSEQUENCE OF TATA Conditions, if any, which gove rise to immediate
equires mot the signed by the Then please ret to burial, cremnijury, or other	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
hos beer t permit rene prior	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210 NO 210 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 210 TIME OF INJURY 211 OF PART 2)
ng physici certificate mol-tronsil entol Hygi	OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY TEAR I
After this cost the builth and Me	OR CONTRIBUTION COUNTY FETTHER, NOTHY MEDICAL EXAMINER) P.M. 19
pritol or TOR of Heal	sow the deceased olive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death.
At the hos At DIREC detached ote Dept	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/2/80.
retoined by TO FUNERA should be d with the Sto	GARY HAMAMOTO MO SINAI HOSPITAL.
BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN STATE BURIAL 7-10-80 Holy Redeemer Balto.
DHMH-16 20M (VRA 15, 4) 7/7B	14 FUNERAL DIRECTOR NAME Leonard J. Ruck, Inc.,5305 Harford Rd. 125. DATE REC'D. BY REGISTRAR 255. R. 1504

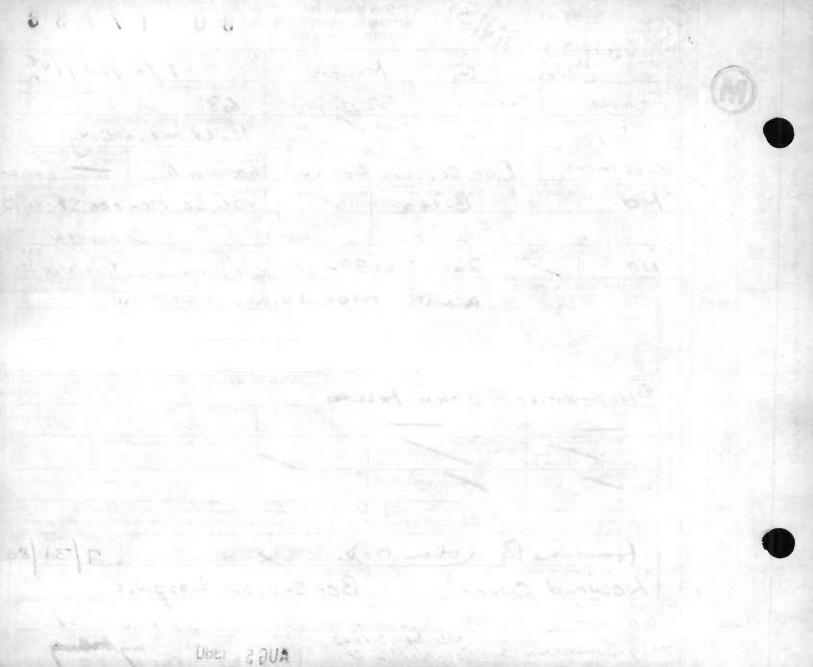
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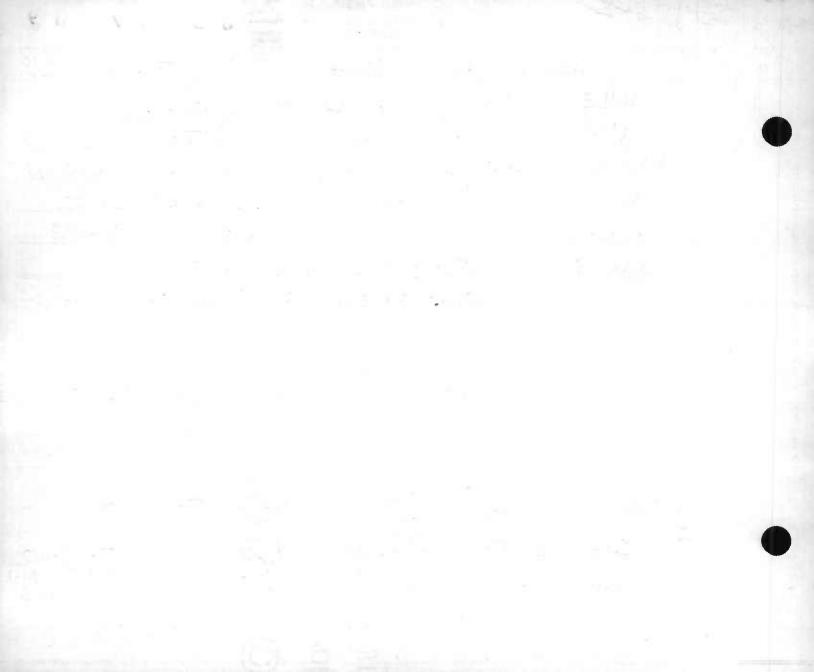
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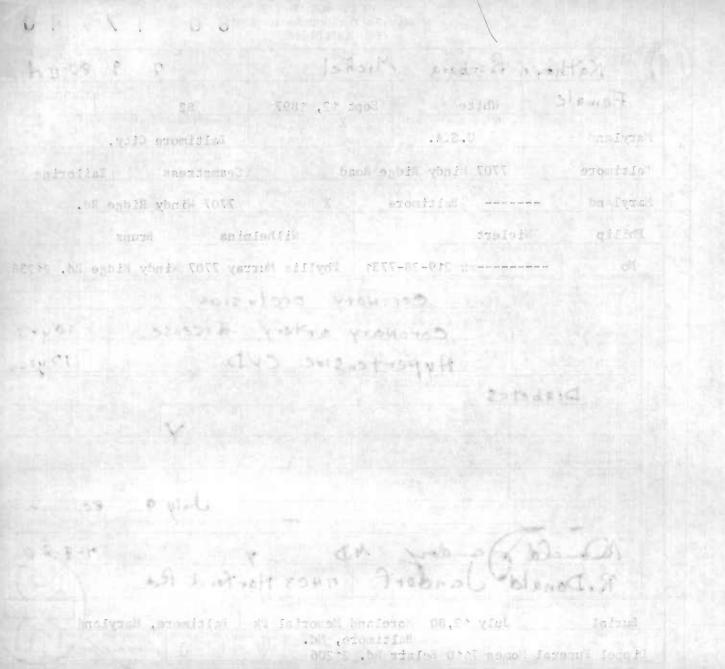
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0//	1	FOR - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	GIENE 8 U I A	1 3 8
1/	1 D	CEASED NAME FIRST	MIDDLE	LAST	2ª DATE OF DEATH MONTH , DAY	YEAR 26. HOUR
0		E OR PRINT)		1.		1
2 2		Esve	lle G.	Meyers	7/31	180./14 AM
E(())	3 S	x	4 RACE	5 DATE OF BIRTH		IDER TYEAR IF UNDER 24 HRS
Se.	1	tem. Le	Coversion	F- 23- 1911	68. YRS. MONTH	HS DAYS HOURS MIN
Pa ou	7n. 8	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		1 BALLIMORE CITY OF COUNTY OF	DEATH
death n 72 h n 72 h		ountry had,	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	CINY MD.
after the f	1 6	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUTION EET ADDRESS)		NOUSTRY BUSINESS OR
ours ours		Bollimore	Bon Sec	dura Hospinal	house wite	at home
24 h 24 h be fir	USU 13R	STATE , IT NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEI	OWN 134 INSIDE CITY LIMITS?	13R STREET ADDRESS	
AND THIS Suid	2	Ma.	13-64	YES NO	126 So. Mon	- De 57-2112
d will exa	14. F	ATHER'S NAME	MIDDLE () LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	N IAST
2 2 20 347	d	Demail	Hashe	of Jenn	1 /31	enegan.
m 9 0- E.	16n	WAS DECEASED EVER IN U.S. AF		CURITY NO. 17 INFORMANT	ADDRESS	2124
and ages		YES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES) 220-	18-6689- 8	2 hours	Charles H.
S. P.	-			- Chair	By M. Deglie- 126.	1. MERILLE SI
ysical personal		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	nly one cause per line for (a), (b),		V	METWEEN ONSET AND DEATH
ST., cert ng ph n pa rem			TE CAUSE (O) ACUT	E MYOCARDI	AL INFARCTI	5N
		1.610				
PRESTON t the death he attendir move carbo emation, or		710-	DUE TO, OR AS A CONSEC	DUENCE OF		
PRES at the at the emove emati		Canditions, if any, which gave rise to immediate	(b)			
		cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
> ~ 00.0		underlying cause last	(6)			
201 uires pleas purial		PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NICT BELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN II	AL DART 1(-)
red to h	Z	0/11.01.	0001	1 1 1 1	MINAL DISEASE OR CONDITION GIVEN	N PART 110
we les -	1 8	- 12 CDCV JCV ZI		es Mellivas		
The lens bermit.	5	1% DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 201 IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
T teh	CERTIFICATION				YES NOTH YES	NO
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law rec strending physician. After this certificate has been sh is the burial-transit permit. Then th and Mental Hygiene prior to i marked or Item 18 shows any in	1 #	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART TO	OR PART 2)
SICL/ yysicia yeritfi trans tral Hy		OR CONTRIBUTING CAUSE OF DE	AIN	DAY YEAR		
PHYSIC physic this cert urial-tra Mental dor Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
MVISIO DING P ttending After th s the bur th and M marked		214 INJURY OCCUBRED	(AT HOME, STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOWN C	OUNTY STATE
NISI VER After The b N and	1 4	AT WORK NOT WHILE				
		22n I cortify that (I) (the back	tal) attended the deceased from	7-31 10 FO	- to 7-3/	A that (I) (we) last
ATTEN bital or a ECTOR for use of Hea		saw the deceased alive an	0 1	Ca		, (1, () 1001
For form		abave, (1) (we) (did) (did no	at) view the body after death.	, and that in (my) (doi) opiniar	death occurred an the date and haur and	Tram the causes stated
DIR hosp		226. SIGNATURE	0 0	DEGREE		220 DATE SIGNED
AAL tack te C	1	Howard	- 13 (ote	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/3/180
PIT by de Sta		224. PHYSICIAN'S NAME (TYPE O	MA PROBLET	22R ADDRESS	DIRECTOR PRISICIAN	
d db		The state of the s	m raini j		1.	
TO HOSPITAL retained by the Into FUNERAL Eshould be detach with the State Olimportant:		NOWP-d	Cohen	Bon Sec	cours Hospinal	
TO TO NITE	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY-OR CREMATORY	1234 LOCATION	
2005	1	SPECTEY)	f-4-1980 to	- a f b PI	CITY OR TOWN / COUR	STATE
Dr	200	ville	10-7/10	edvaledy 180 Ja.	La orsen	ond.
DHMH-16 25M	26	UNERAL DIRECTOR	1 (DRAGESS.	25R. DA	TE REC'D. BY REGISTRAR 256. REGISTRAR	SSIGNATURE
(VRA 15, 4) 1/79	1	muy. Orman 12	In one . 901 . 2	la Olima St. Al	IC 5 1380 / FT	//







Dent copies 7/5/80	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	IENE 8 0 1	7741
8	REGISTRAR 1 DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 1	DAY YEAR 26 HOUR
6	JOH!		MIHOK, SR.	7-	5-80 902
(m)	3 SEX	4 RACE WHITE	5. DATE OF BIRTH OCT 12,1899	6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	MONTHS DAYS HOURS MIN
nerol d	78 BIRTHPLACE ISTATE OR FOREIGN CZECHOSLOVAKIA	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT BAL	Y OF DEATH TIMORE CITY,
by the full diled within housed of	10 CITY OF TOWN OF DEATH BALTIMORE, MD	BALTIMORE C	SING HOME OR OTHER INSTITUTION SET ADDRESS! ITY HOSPITALS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY BETH
AND 213	USUAL RESIDENCE (IF NURSING HON	OUNTY 130 GIVE RESIDENCE BEF		13e STREET ADDRESS 314 NEWKIRK	ST. # 21224.
MARYL, mpletely and 2 shoon 2 shoon 2 shoon 3 shoot 2 shoot 3	14 FATHER'S NAME FIRST	MIHOK LAST	15 MOTHER'S MAIDEN NAI	UNKNOWN	LAST
IMORE, se executive executive mond co	160 WAS DECEASED EVER IN U.S. (YES, NO OR LINKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SE		312 ^{ES} NEWK OK : BALTO., 21	IRK ST. 224, MD.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours is oftending physician and completely filled in by as the burial-transity permit. Then please remove carbon papers. Pages I and 2 should be filled than Membel Hygiene prior to burial, cremation, or removal.	PART I. DEATH WAS CA IMMEI Conditions, If ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL PART 2 OTHER SIGNIFICAL DATE OF OPERATION 7/3/50	DIATE CAUSE (0) DUE TO, OR AS A CONSECT (b) 18 Clus DUE TO, OR AS A CONSECT (c) A CONSECT NT CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE by Lateral 1	DUENCE OF DO DEATH BUT NOT RELATED TO THE TERM DY 11 1 000 THE OPERATION WAS PERFORMED INC. Thrombosis	200 AUTOPSY? 286 IF YES NO Y	h rectum S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO
OR ATTENDIO OR ATTENDIO OD RECTOR, A sched for use Dept of Heol	OR CONTRIBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXAMINATION OF THE ATTEMPT OF	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	DAY YEAR 19 216 LOCATION STREET 7 19 19 19 19 19 19 19 19 19	CITY OR TOWN CITY OR TOWN Compared on the date and ha	COUNTY STATE , 19_80_, that (I) (we) lost
TO HOSPITAL retoined by the TO FUNERAL should be detained with the Stote IMPORTANT: I	22d PHYSICIAN'S NAME (1) 23d BURIAL, CREMATION, REMO (SPECIFY)	DABEZIES VAL 23b. DATE 23	Me ADDRESS BALTIMOS INAME OF CEMETERY OF CREMATORY	123d LOCATION	TOSPITALS
BP	21 FUNERAL DIRECT	7-9-80 don anc 6224 EAS BALTO.,	LEKN AVE.	FOCOL 1980 TRANSPARENT	ILL RD-BA CO , MD

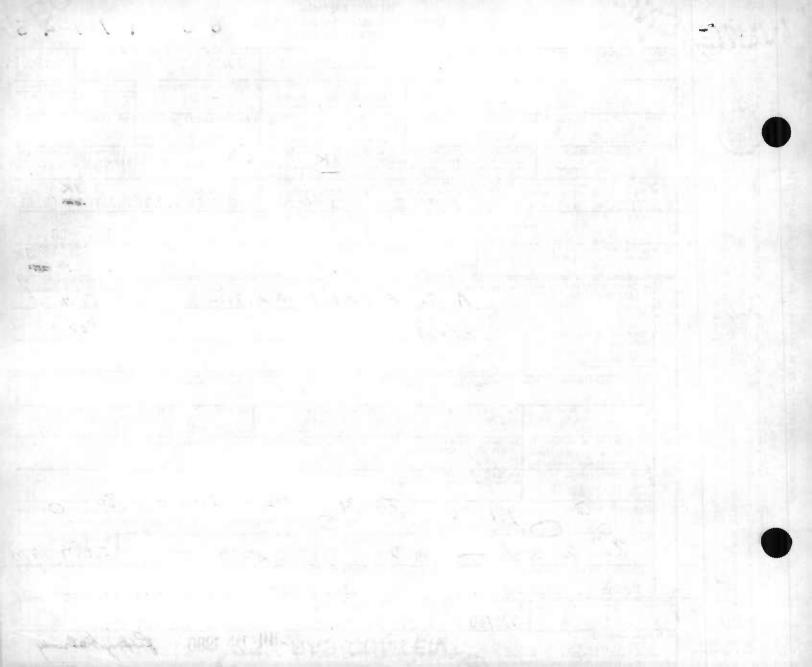
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15-1	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 Q		7 7	4 5
19		CEASED NAME FIRST SAMU	EL	A.		I LLER	JULY 6,19	NONTH DAY		11:30 P
after deat	3 SE	MALE	4 RACE WHITE		S DATE (6. AGE (IN YEARS LAST BIRT	HDAY) F UN MONTH		FUNDER 24 HRS HOURS MIN
1935		RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY O		DEATH	MD.
St be no	BA	LTIMORE CITY	6807	PARK HEIG	ADDRESS)	OR OTHER INSTITUTION 3 X VE #304 (21215)	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O EXECUTIVE		NOUSTRY COAT	MFG.
amines m	13a :	AL RESIDENCE (IF NURSING HOME OF TATE 13% COU RYLAND	R OTHER INSTITUTIO	13c. CITY OR TOW BALTIMO	/N	134. INSIDE CITY LIMITS?	6807 PARK I	HEIGHTS	31 AVE# 3 0	
dical ex	14. FA	NATHAN	WIDDLE	MILLER		IS MOTHER'S MAIDEN NA FIRST ESTHER	MIDDLE		GOLĎŠE	
t, the me		VAS DECEASED EVER IN U.S. AI yes, no or unknown) (IF yes, giv	RMED FORCES? /E WAR OR DATES)	213-10-6		MRS. HELEN M.	ILLER 6807 I		. AVE.	
traumatic eve		410-	ED BY TE CAUSE (0)	ACJTA DRASA CONSEQU	Ry	ocha Dial INE	ACTION		10	SET AND DEATH
plury, or other		Conditions, if any, which gove rise to immediate cause Iai, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(ic)_	CONTRIBUTING TO		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN II	N PART 1(o)	
shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WE IN CERTIFYING		
or Item 18	MEDICAL CER	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO, PART T	OR PART 2	
marked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC	211 LOCATION STREET	CITY OR TOV	vn c	OUNTY	STATE
7: If Item 21 i		228.1 certify tha (1) (this hosp sow the deceosed olive or above (11) we) (did) (did no 228. SIGNATURE		y ofter death.	80.	nd that in (my (our) opinion	death occurred on the di			
with the State		22d PHYSICIAN'S NAME (1996 McRae W. Wil				ne address 33rd & Calve			a. 212	18
N N	23a (BURIAL, CREMATION, REMOVA SPECIFYI BURIAL		23(EMETERY OR CREMATORY MEM. PARK	23d. LOCATION CITY OF TOWN	COU		STATE
-16 25M		UNERAL DIRECTOR		6010	REIST	TERSTOWN RD 91			SSIGNATUR	ready



1	1	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0	11	4
		CEASED NAME FRST CORPRINT) BELLE	WIDDLE	Mill			MONTH DAT	Y YEAR	26. HOUR
M)	3. SE	F	1 RACE	S. DATE (OF BIRTH H DAY 1 / 25/06	6 AGE IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HOURS
thin 72 hounding	1	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O		OF DEATH	
by the		PALTIMOVE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	DITAL	12s USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND OF	F BUSINES:
uld be fill	USU 13e	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	VTY 13c. CITY (NCE BEFORE ADMISSIONS OR TOWN 5A L TO	131 INSIDE CITY HMITS?	130 STREET ADDRESS	ST PA	02 5	<i></i>
completely fille	14. F	ATHER'S NAME FIRST VNNNOV	MIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST			LAST	
ges	160	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	MED FORCES? 166 SOCI	AL SECURITY NO	Mrs. Pearl/	Admin. Mid	town Nu	ursing	Home
d by the attending physician ase remove carbon papers. Paid, cremation, or removal. y, or other traumatic event, t		18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIATED IMM	D BY	endisput INSEQUENCE OF Sepsis	acuts ke	nt rul Fail	ino		
s been signed by the attending iit. Then please remove carbon prior to burial, cremation, or ws any injury, or other trauma	FICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ENLINE OF SEPARATH BUT	Acuts Kg	AINAL DISEASE OR CON 200 AUTOPSY?	DITION GIVEN	N IN PART 1(a	GS USED
is tracte has been signed by the attending is to permit. Then please remove carbon Hygiene prior to burial, cremation, or r 18 shows any injury, or other trauma	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DBY TE CAUSE 10) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTI 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MON	INSEQUENCE OF SEPSIS INSEQUENCE OF ING TO DEATH BUT WHICH OPERATION	Acuts Kg	INAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN 20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	GS USED
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CTOTH : After this certificate has been signed by the attending for use as the burial-transit permit. Then please remove carbon of Health and Mental Hygiene prior to burial, cremation, or removed to the series of	MEDICAL	PART I DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify the deceased alive an above, (1) (we) Idid I (did no	DBY TE CAUSE to) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTI 196 CONDITION FOR ATH HOUR A.M. MON P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY (tal) of tended the deceased	INSEQUENCE OF SEPARA INSEQUENCE OF ING TO DEATH BUT WHICH OPERATION ATH DAY YEAR 19 () OFFICE, FARM, ETC.) d from 7 19 0 10 10 10 10 10 10 10 10	NOT RELATED TO THE TERM NOT RELATED TO THE TE	200 AUTOPSY? YES NO CITY OR TOVE TO COMPANY TO TOWN MEDICAL STAIL DIRECTOR PHYSIC	206 IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART VIN 1500te ond haur of	COUNTY COUNTY 221. DATE S	GS USED OF DEATH NO STAI

FOR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 19.80 , that \$h (we) lost ond that in (Xy) (aur) apinion death occurred on the date and hour and from the causes stated The DATE SIGNED DIRECTOR PHYSICIAN c/o Maryland General Hospital 19/80 Esstar 24 FUNERAL DIRECTOR 25R. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

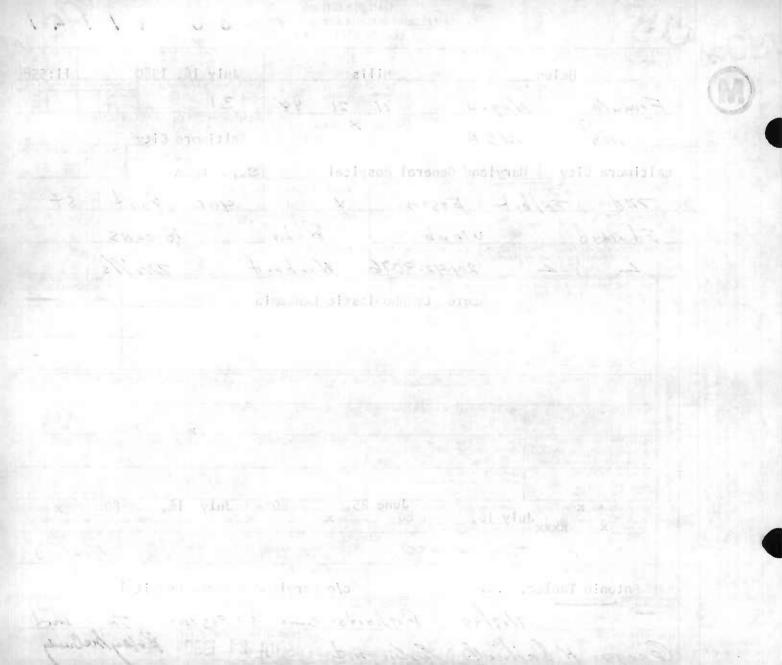
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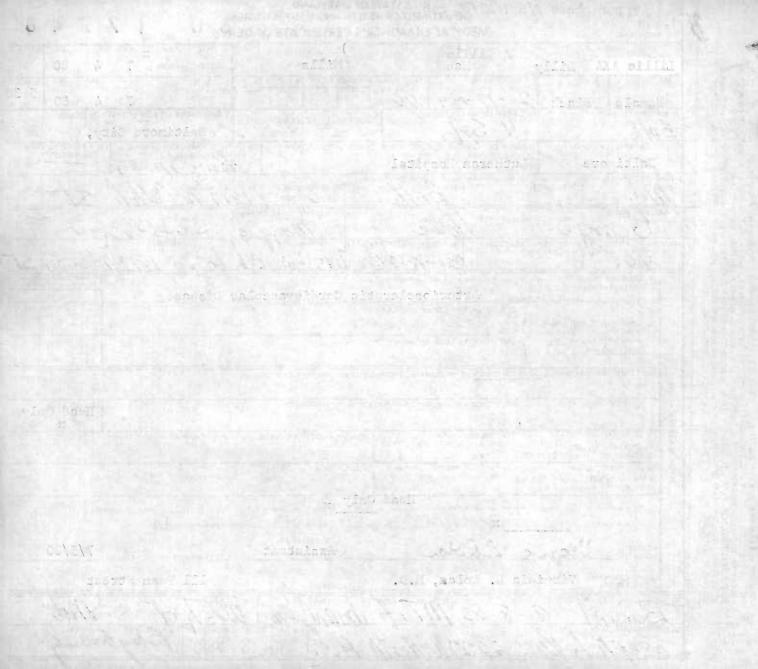
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INDUSTRY

DAYS



2/1-	FOR #1 per phone F/		TE OF MARYLAND HEALTH AND MENTAL HY	25 11 1 /	7 4 8
	REGISTRAR		IER'S CERTIFICATE OF	REG. NO.	1 7 9
	ECEASED NAME FIRST	AKA Lillie	LAST	20. DATE KNOWN A MONTH	DAY YEAR 26. HOUR
	Lilly	Mae	Mills	DEATH MATED 7	4 19 80 M
. SE		DATE OF BIRTH AONTH DAY YEAR LAST BIRTHD	100	4 HRS. 2c. DATE MONTH MIN. PRONOUNCED	DAY YEAR 24 HOUR
	Female Black	2-17-1954 76x	MOINTING BATS HOURS	DEAD 7	4 1980 5:30 A M
F.6	SPEICH COUNTRY	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIEL		
	Alto.	U. D.H.	WIDOWED DIVORCES	Baltimore Ci	ty, MD.
10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
		(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Lutheran Hospital		Home makey	
130.8	AL RESIDENCE (IF IN NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE REFORE ADMISS		30 STREET ADDRESS COUNTY	<+
14. F	ATHER'S MAME	11	15 MOTHER'S MAIDEN	INAME	300
1	PROTORY.	Howe LASE	MAGO	e Seller	SOEL INST
16a. V	WAS DECEASED EVEN NU.S. ARMED	FORCES? 166. SOCIAL SECURIT	Y NO. (17 INFORMANT	/ / Appliess	t . A . / /
()	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR	721-18-2	188 Mrs Cower	th Lan 1917	B Cullah St
	18. CAUSE OF DEATH (Enter only or	ne cause per line far (o), (b), and (c).)		The second	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	American Tour	otic Cardiovascu	ılar Disease	BETWEEN ONSET AND DEATH
	4292 IMMEDIATEC	DUE TO, OR AS A CONSEQUENCE			
	Canditians, if any, which gave rise to immediate	(b)			
1	couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF .	COLUMN THE STATE OF THE STATE OF	
100	lying couse last.	(c)			
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO GEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART	1(a).	
TIO	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	PATIONI WAS DEBEODATED?		Jan Luxonsun
CERTIFICATION	The Drive of Charles	THE CONSTITUTE FOR WHICH OPEN	ALION WAS PERFORMED?		Head Only
ERTI	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21/ HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES X NO
	UNDERLYING OR	HOUR A.M. MONTH DAY YEA	R THE THE PART OCCURRED	TENTER MATURE OF INJURY IN HEM 18 PART LOR PA	wi aj
MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M. 19 21e. PLACE OF INJURY (AT HOME,	21f. LOCATION		
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN CO	UNTY STATE
	AT WORK AT WORK	Head	Only 🕞		
	22a I certify that I took charge af	the remains described abave, held an	Autodsy X , Inspection	, Inquiry , and in my as	pinian
	death resulted from: Natural c	auses X, Accident , Su	ricide . Hamicide .	Undetermined manner ,	
	ACTUAL TANK	VAI	TITLE (SPECIFY)		7 / 7 / 00
	SIGNATURE WAGEN	c Labra	Assistant	MEDICAL EXAMINER SIGNE	7/5/80
	EXAMINER'S NAME Virgin	ia L. Dolan, M.D.	ADDRESS	111 Penn Str	eet
21. 0	SUBJAL CREMATION REMOVAL 236. 0	DATE DY/NAME OF CE	METERY OR CREMATORY	23d. LOCATION COURT	NTY M STATE
110 0	The residence of the same of t	TENCET INDITION OF CE			
730.0	Bur 19/ 1	-8-80 11/11	Fuhuen Cem.	WIS PROST	NIT STATE
1	Bur A 7	-8-80 M/11	tuburni Cem.	C'D. BY REGISTRAR 25b. REGISTRAR'S S	or off-folds



(VRA 15, 4) 1/79

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b	i.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	7	1	5 0	
-		CEASED NAME FIR	astasia	MIDDLE		slak	20. DATE OF DI	DAY	1980 26 HOUR			
(1)	3 SE	x Female	1 RACE Whit	e	S. DATE O			MONTH			NDER I YEAR IF UNDER 24 HRS HS DAYS HOURS MIN.	
of once		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWI	Y	9 BALTIMORE CITY OR COUNTY OF Balto. (it.			OF DEATH		
De lied		Balto.	11. NAME OF	HOSPITAL, NURS	ING HOME (et address) reet	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO	CUPATION R MOST OF WORKING	G LIFE) 12b.	KIND OF USTRY	BUSINESS	OR
SErmust be	USU. 13a S	AL RESIDENCE (IF NURSING H STATE 13b	OME OR OTHER INSTITUTION	Balto.		13d. INSIDE CITY LIMITS?	13e STREET AD	Bank St	reet			
3800	14. FA	Paul	MIDDLE Ni	esobensk	i	15 MOTHER'S MAIDEN N.	AME	MDDLE	1	LAST		
medical	16a V	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218-03-		Natalie Pas	zk i ewicz	1715 B	Bank.	Stree	et	
on, or removal		18 CAUSE OF DEATH (EI PART I. DEATH WAS C IMM Conditions, if any, wh	CAUSED BY: MEDIATE CAUSE (b)	or AS A CONSEO	UENCE OF	standstill	Genera	er veel	- 8	APPROXIM	ATE INTERVAL	īH.
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aws any inju	CERTIFICATION	190 DATE OF OPERATION	E OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS UNIN CERTIFYING CAUSES OF DIVERNITY OF THE PROPERTY OF T									
tem 18 sh		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTERNATUR	OF INJURY IN ITEM 1	18, PART 1 OR	PART 2)		
and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT MOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CI	TY OR TOWN	cou	INTY	STATE	
IRECTOR: At hed for use a ept of Health them 21 is ma		27a I certify that (I) (this saw the deceased of above, (I) (we) (did) (M. U	4/5/19	ED, o	d that in (my) (aur) apiniai		-				
with the State DIMPORTANT: If		22d PHYSICIAN'S NAME ROSELT	(TYPEGR PRINT) Forben	071 h	160.	22e ADDRESS	DIRECTOR D	STAFF PHYSICIAN [· Nec	1. 2	1230	10.
£ § §	23a E	BURIAL, CREMATION, REM SPECIFY Burial		1980 236		EMETERY OR CREMATORY	23d LOCATIO	NWN	COUNTY	Mc	STATE	
A 1/76	24 FI	UNERAL DIRECTOR	8 Sons 9n		Holy R	ter St. 250. DA	TE REC'D. BY REG		STRAR'S	SIGNATU	RE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) GUNTHER MONROE 12 1080 4 RACE AGE (IN YEARS LAST BIRTHOAY) # UNDER 24 HE 3 SEX IF UNDER 1 YEAR HOURS 44 Female Negro 36 To BIRTHPLACE STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA N.C. WIDOWED DIVORCED [RALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STORET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NUBSING HOME OF OTHER INSTITUTION, GIVE DESIDENCE REFORE ADMISSION) HOSPITAL 13e STATE 136 COUNTY 113c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 517 N. Chapel St Baltimore YES K NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE Harvey Mattie Isom Monroe **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No Walter L. Whitaker 404 N. Duncan IS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OB AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER, NOTIFY MEDICAL EXAMINED PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 228.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an not applicable 19 above, (I) (we) (did Land not) view the body after death. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 226 SIGNATURE 22c DATE SIGNED DEGREE STAFF ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (SYPE OF PRINT) 22e ADDRESS should be with the S OT 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial CITY OF TOWN STATE 7/18/80 Baltimore Cem. Baltimore MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGMATURE DHMH-16 25M 1101 E. North Ave. Wm. March F/H (VRA 15, 4) 1/79

of the the same of The same a second of 1988 Party delay

		1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLI EALTH AND I ICATE OF D	MENTAL HYG	IENE 8 0	1	7 /	5 6	
		I DE	CEASED NAME	FIRST		MIDDLE	ı	AST	•	20 DATE OF DEATH		AY YEAR	2b. HOUR	
by be		(1117	: OR PRINT]	Do	rothy	M.	Moo	nev		1/26/80			10:45	
may be		3 SE	Х		RACE		5 DATE C			& AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS	
office of			Female		Whi	te	MONTH 1	5 PAY	20	60	YRS.	ONIHS DAYS	HOURS MIN	
Poge	1	7e. B	IRTHPLACE (STATE OR FOR	REIGN 71		WHAT COUNT	RY?			1 BALTIMORE CITY		OF DEATH		
E 12 W	36		arvland		USA		WIDOWE	D NEVERA	VORCED T	Baltimore	City		M	
by the filed with	++		ITY OR TOWN OF DEAT		(IF NOT IN SUC	H FACILITY, GIVE S	RSING HOME C	R OTHER INST		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Cashier		126. KIND OF INDUSTRY Food	BUSINESS OR	
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within letely d 2 sh		14. F	ATHER'S NAME						MAIDEN NA			1		
			John T.	MI	DOLE	Fleto	cher	Lil	Lian	MIDDLE		Craw	ford	
ote be executed system and comp			WAS DECEASED EVER IT YES, NO OR UNKNOWN) NO	N U.S. ARMI		166 SOCIAL S	8-5802	17 INFORMA		Peterson	9 Fland	ysville lers Ric	e, Md. dge Ct.	
requires that the death certificate E en signed by the attending physicia Then please remove carbon papers are burnal, cremating or removal		N	Conditions, if any, gove rise to immicause to!, stating underlying cause	ediote the lost	DUE TO, O (b) DUE TO, O (c)	R AS A CONSE	OUENCE OF	raf	144	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	1	
The law re icion. Te has been ssi permit	0	CERTIFICATION	190 DATE OF OPERATI	ION	196 COND	ITION FOR WE	ICH OPERATIO	WAS PERFO	RMED	200 AUTOPSY? 20b. IF YES, WERE F			E FINDINGS USED CAUSES OF DEATH?	
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he hospital or he hospital or DIRECTOR A socied for use or head for use with the popt of the of the or head of the or head or head or head for use of the or head or h	*		sow the deceased alive an 7/26 19 SV, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1/26/80											
TO FUNERAL should be detailed by the should be sho	1	22.	MARIA	2	TACK		ack, M.I	Uni	on Ru	n Memorial	Hospit	tal		
306 BP		(BURIAL, CREMATION, R SPECHY) BURIAL BURIAL		7/30/		Meadown			23d LOCATION CITY OR TOWN		COUNTY	Md.	
DHMH-16 20		24 F	UNERAL DIRECTOR			ADDRESS	s		250. DATE	REC'D. BY REGISTRA		AR'S JGN TL		
(VRA 15, 4) 7	/78	A	Alan Seitz	Jr.	Funera	1 Home	3818 R	land A	velAUG	1 1980				

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TO BULLIAND VENUE CO. L. SECT. P.

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A.Alan Seits, Jr. Funeral Hose 3818 Boland Ave. AUG : 1530

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3	SEX	-	4 RAC			OF BIRTH	L	6. AGE (IN)	EARS IF UT	ORE NDER I YR.	IF UNDER		2c. DATE	MATED		7 NTH	22 ₁₉	YEAR	19 HOO				
-	7a. BI	ale	TATE OR	lack	4	4	40	40	YRS.				9. BALTIN		Y OR CO	7 DUNTY	22 ₁₉		p ,				
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	10. CI	Balt:						URSING HOA		HER INSTITU	JTION	12a. USL	JAL OCCU MOST OF WOR	PATION RKING LIFE)	(TYPE OF W	/ORK 12	b. KIND OR IN	OF BUS DUSTR	INESS				
	JSU A Je. S	L RESIDENCE TATE MD	(IF IN NO	ISH COUN	OR OTHER INS	TITUTION, C	13c. CII	CE BEFORE ADMIS TY OR TOWN timor		13d. INSIDE		13e. STR	EET ADDRE	· 20)th	St.		3					
	Le	THER'S NAMI	00		MIDDLE		oore			L	ER'S MAIDI		٨	Mae		1	Par	kei	c !				
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		210 EXTERNA UNDERLYING CONTRIBUTION	; D	OR	Н		F INJURY A. MONTH	H DAY YEA		OW INJUR'	Y OCCURRE	D LENTER N	NATURE OF IN	JURY IN ITEM	A 18 PART 1	OR PART 2							
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2	30.BL	JRIAL, CREMA	TION, RI	EMOVAL 2	36 DATE		23c.	NAME OF C	METERY C	RCREMAT	ORY	23d. LO	CATION			COUNTY		STA	TE				
		NERAL DIREC		rch I	7/26, F/H		100	King North	100000		250. DATE	REC'D. BY	REGISTRA 8 198	R 25b. RI	TEM	Co	hel	MD	7				

30----- COC - 10 THE PROPERTY OF STREET SHEET SHEET STREET, STR e de la contraction de la cont CONTRACTOR OF STREET Land Martin AND MALE OF THE PROPERTY OF A LOUIS AND MALE OF THE PARTY GARAGE. 1 11

	1			STATE	OF MARYLAND					
4	1	FOR - STATE REGISTRAR	DEP		CATE OF DEATH	REG. NO.				
2 Bear		CEASED NAME FIRST	ie A	7n	200 re	26. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 55			
	3 SE		4 RACE	5 DATE OF	F BIRTH	6 AGE (IN YEARS LAST BIRT				
100		M	Black	MONTH	- 23 -06	74	MONTHS DAYS HOURS MIN			
E 200		IRTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	1 BALTIMORE CITY O	R COUNTY OF DEATH			
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		rth Carolina	0 1 10 111 1	WIDOWED	DI DIVORCED	Baltimo				
1 1 2 3	7	altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACELITY, GIVE Bon Secour	STREET ADDRESS)		12e USUAL OCCUPATION OF OF WORK FOR MOST OF Retired				
ns 24 hour littled in the films from	USU 13e	AL RESIDENCE IN NURSING HOME STATE 1136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
1 19 40	Ma	ryland		timore	YES 🔀 NO		er Street			
cated with	14. F.	ATHER'S NAME FIRST	MIDDLE LAS	ī	15. MOTHER'S MAIDEN NA FIRST	WIÓDIE	LAST			
and to age 1.			IVE WAR OR DATES!		Maggie Moo	ADDRE	SS			
ertificate physician papers. P emoval. tic event,		IL CAUSE OF DEATH (Enter	only one cause per line for will	Te S/A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
death certif ending phy carbon pap on, or remo traumatic e		PART I DEATH WAS CAUS	ATE CAUSE (0)	phy	whice	applier	mo			
the eatt		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONS	SEQUENCE OF	we Hea	art fa	line			
d you		couse (a), stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF	I els	lesum				
aw requires een signed Then pleas or to burial any injury,	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART I (6)			
The I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	D 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
HAN HAN HAN	1 2	71a ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR					
HYSICIA physicia is certifi rial-trans Aental H or Item	13	OR CONTRIBUTING CAUSE OF D	CAIN.	H DAY YEAR						
DING PHY ttending p After this s the buria th and Me marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21 R PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE			
TOR: Use a Use a Heal		220.1 certify that (I) (this has sow the deceased alive of	pital) attended the deceased f	(0)	that in (my) (our) opinion	death occurred on the d	ote and hour and from the causes stated			
OIR Feed for the Filter		obove, (I) (we) diditidid i	not) view the body ofter death.	N 0	PEGREE/		17L DATE SIGNED			
TO HOSPITA etained by the TO FUNERAL should be detain with the State	1	224 PHYSICIAN'S NAME (TYPE	ORPRINT	\bigcirc	PHYSICIAN [MEDICAL STA	ian // A O ST. 1			
TO HOSPITAL retained by the IP Should be detected with the State D IMPORTANT: IP	22	1 3.00h	THES ()	7	150n:	SECOUL	of together			
1/10		BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY			
00 BP		urial UNERAL DIRECTOR	7-16-80	INT. Auc	ourn Cem.	Balto.	256. REGISTRAR'S SIGNATURE			
DHMH-16 25M (VRA 15, 4) 1/79		HARLES A. RI	CE 1300 Eut	aw Plac	1.11	L 1 5 1980	hotelahear			

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MATISON UNION HENOMING NOS ILAL

S.L. III. () 5711:

UNION ENDINE HOS. ITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

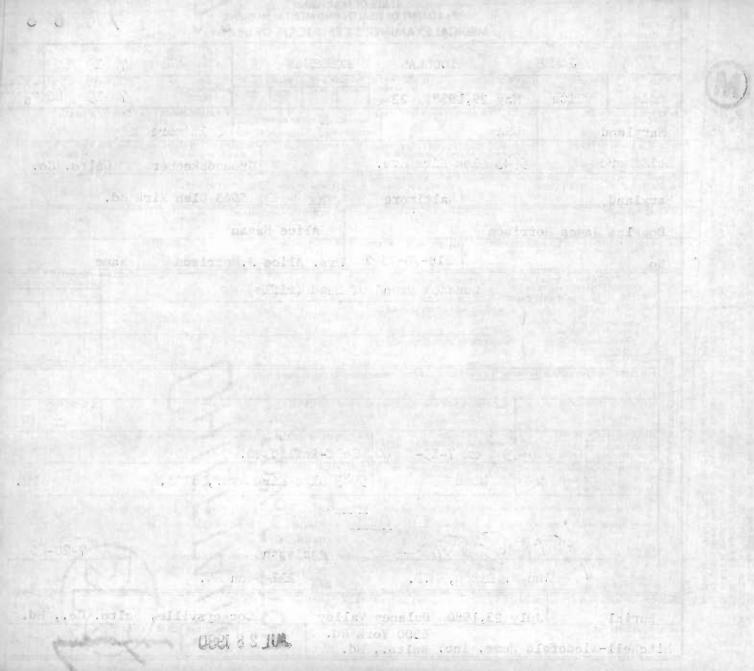
elune? 255 F. ev. 850 203 mail[11] Jrann 1 nent barrier , arried from Sec. at 152 -25-80 NOT WELL SWINGLE STREET SETTING ON TO THE CO. Maryland Pruse de inski Euner II 2015 fa 1807 Cia Hactore Ave JUL 3 I 1980 - 1807 Cia Hactore Ave July 3 I 1980 - 1807 Cia Hactore

	FOR STATE REGISTRAR	0-220	D	EPARTMENT C	F HEALTI	AND MENT		A U	REG. NO. 7 7 6 3							
	CEASED NAME	FIRST		WIDDLE		LAST		20 DATE KNO	WN TO MOR	NTH DAY YEAR	2b. HOUR					
(13)	E OKPKINI)	Derma		Diane		Morris		OF EST DEATH MAT	ED 🗍	7 16 19 80) 4					
3. SE		1	DATE OF BIRTH	YEAR 6. AGE (III	HDAY) MONT		JNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MON 7		2d. HOUR PM					
70 B	IRTHPLACE (STATE OF		Nov. 1.	1951 28 AT COUNTRY?	YRS.			The second second second	CITY OR CO	UNTY OF DEATH	ITT: WE					
	ash. D.C.		U.S.A.		MARR	IED NEVER	MARRIED L									
	ITY OR TOWN OF D	ATH 11	NAME OF HOSP	ITAL, NURSING HO	ME, OR OTH		1 12a. US	Baltim JAL OCCUPATIO	N ITYPE OF WO	ORK 1126 KIND OF B	MD.					
	altimore			LITY, GIVE STREET ADDRES				retary	FE)	Glass Co						
	TATE Md.	136. COUNTY P.G.	THER INSTITUTION, GIVE	13c. CITY OR TOWN		13d. INSIDE CITY LI	MITS? 13e. STR 964	EET ADDRESS 5 - L -	Homest	tead Cour	t					
]4. F.	ATHER'S NAME	N	AIDDLE	LAST	114-21	15. MOTHER'S	MAIDEN NAME	MIDDLE		LAST						
	rank	Wes	ley	Barker		Eva		L.		Mence	r					
16a. \	VAS DECEASED EVE	R IN U.S. ARMED		16b. SOCIAL SECU	RITY NO.	17. INFORMAN	T			06 Maytim	e Dr.					
, i	No	(# 123, 0112 112)	, on on resy	371-50-1	503	Eva M.	Barker	Ga	mbrill	ls, Md.						
	18. CAUSE OF DE	ATH (Enter anly a		ar (a), (b), and (c).)	13,800					APPROXIMA BETWEEN ONS	TE INTERVAL					
	PART I DEATH	WAS CAUSED BY		shot wo	und o	f head	Gun: h	nandgun		de l'internation	CT AIR DEATH					
	7850															
	Canditions, if	- 10 10 10 10														
	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF															
	lying cause last.															
z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH BI	JT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVE	EN IN PART 1 (a).									
CERTIFICATION	190. DATE OF OPER	RATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY?						
TE			STATE							YES X	NO 🗆					
	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR	216. TIME OF HOUR A.M. 9: 47pm	MONTH DAY Y	AD	ow MJURY OCC subject		NATURE OF INJURY IN	ITEM 18 PART 1 C	DR PART 2)						
MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE O	FINJURY (AT HOME	21f. LO	CATION	71 100									
¥	WHILE AT WORK AT WORK at home - apt. 9645 L Homestead Ct., Laurel, How									Howard C	o., Md.					
	220. I certify that I took charge of the remains described above, held on Autopsy XX. Inspection . Inquiry . and in my apinion															
17	death resulted fra	m: Natyra	auses,	Accident,	Suicide	, Homicide	Undet	ermined manner	XJ.							
	ACTUAL	THE	TIMAI	7		TITLE (SPEC				TE = /= -	100					
	SIGNATURE	1/1/2	- COVI		N	Assist	MED_MED	ICAL EXAMINER	SK	TE 7/17	/80					
	EXAMINER'S NAM (TYPE OR PRINT)	Horme	z R. Gu	ard,M.D.		ADDRE 1811	Penn S	treet Ba	lto.	MD 21201						
	URIAL, CREMATION				CEMETERY C	R CREMATORY	23d. LC	CATION		COUNTY S	STATE					
73a.B							CITT				3					
73a.B	Buri	al 7-	-21-80	Md. Nat	tl. Me	m. Park	Cem La	urel	P.	G. M	d.					
24. F						25a.		REGISTRAR 250	REGISTRAR							

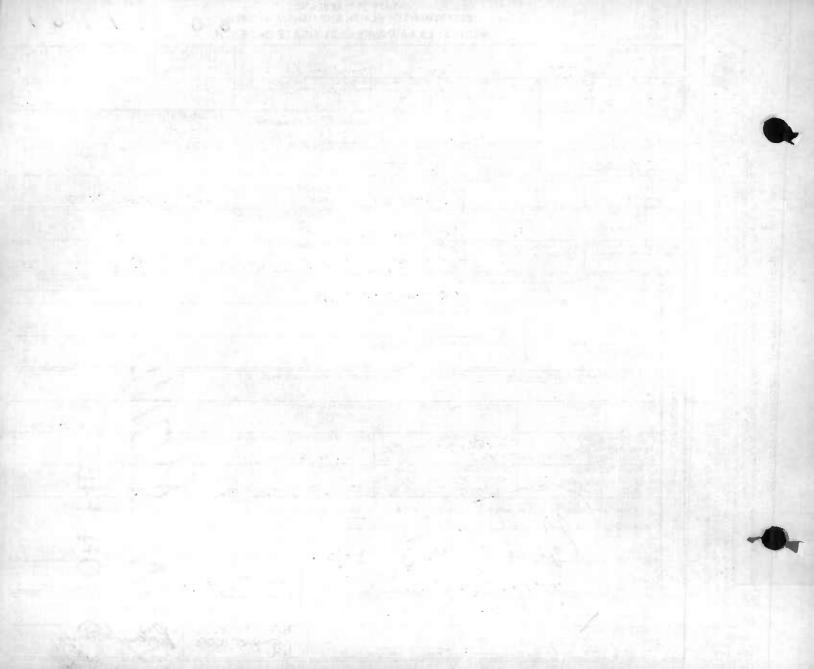
. of mental and the control of the c Angert houtsoned - I - Seec | 2 - I ferret . THE BELLEVISION INC. 1071-0-100E Hyd. 1. Dirk.t - Catherlie, 10. The state of the s A DINCO - CONTROL OF THE PARTY . Grahin soos v. v. v. v. Tysthaville, M. . . v. vos a daile.

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34	1-	STATE			DICAL EXAMIN			APL U	G. NO.	, , ,	1
Court		CEASED NAME	FIRST		MIDDLE	LAST		20. DATE KNOV		H DAY YEAR	2b. HOUR
	{TY	PE OR PRINT)	Willi	0	J.	Manuel	, Jr.	OF EST	-	6 1980	
o, within 72 H	3. SE	X .	4 RACE	5. DATE OF BIRTH	6 AGE (IN YE	Morrison ARS FUNDER YR.	IF UNDER 24 HRS		MONTH		2d HOUR
Z	١,	Male	Black	8 12	1942 37 YE	AY) MONTHS DAYS	HOURS MIN	PRONOUNCED	r7	6 1980	3:50 P·M
PRESTON	70 B	RTHPLACE (ST.		76. CITIZEN OF W				9. BALTIMORE	CITY OR COU		1 P • W
Z//Z		uth Car	olina	U.S.	λ	MARRIED XX NEV	DIVORCED	Rolti	more C:	i +37	
00	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME		ION 120 US	UAL OCCUPATION	N (TYPE OF WORK	12b. KIND OF BU	ISINESS
00		Baltimon		MEDI	CAL EXAMINE		FOR	R MOST OF WORKING LIF	FE)	OR INDUST	RY
21	13a. S	TATE	13b. COU		130. CITY OR TOWN	13d. INSIDE CIT	TY LIMITS? 13e. ST	REET ADDRESS	~		
1		aryland			Baltimor			39 North	Luzern	e Avenue	
21/1	19. 6	ATHER'S NAME	S 1070	MIDDLE	LAST		R'S MAIDEN NAM	WIDDLE		LAST	
00	16- 1	Willi		J.	Morrison,		ue	ADI	ORESS.	reene	
1	()	ES. NO, OR UNKNOV		/E WAR OR DATES)						T	
/		No	DEATH (E.		103-34-277	6 Snir	Tey Morr	ison 839	NOLU	LUZEITIE APPROXIMATI	
		PART I DE	ATH WAS CAUS	anly ane cause per line ED BY:		- C M +				BETWEEN ONSE	T AND DEATH
Z Z		911	IMMEDIA	ATE CAUSE (o)	Stab Wound					_	
NND MENTAL HYGIENE, D DN, OR REMOVAL.		Canditian	s, if any, which		AS A CONSEQUENCE	OF .				7 2 2	
REMOVAL		gave rise	ta immediat	le (b)	AS A CONSEQUENCE	25					
OC.		lying caus		DOE TO, OF	R AS A CONSEQUENCE)F					
AL, CREMATION, OI		PART 2 BYHER CIG	NIEICANT CRARITIRA	(c)	BUT NOT RELATED TO THE TERM	that Buccass On Comparison	CHIEN IN CARY A				
ATIC	z	TAKE Z DIREK SIO	MITICANI CUNUILIUN	S CONTRIBUTING TO DEATH	DOL HOT KETATED IN THE SERM	INAL DISEASE OR CONDITION	GIVEN IN PART I (a).				
T E	18	190. DATE OF	OPERATION	I 19h CONDI	TION FOR WHICH OPER	ATION WAS PERFORM	AED?			20. AUTOPSY	>
13	FIC									YESXX	NO 🗆
1	CERTIFICATION	210. EXTERNAL	CAUSE WAS	21b. TIME O	FINJURY	121c. HOW INJURY O	OCCURRED (ENTER	R NATURE OF INJURY IN I	TEM 18 PART 1 OR		NO L
5	ALC	UNDERLYING		HOUR ANA	EINJURY MONTH DAY YEAR A. 7 6 1980						
	MEDICAL	21d. INJURY O	CCURRED	21e. PLACE	OF INJURY (AT HOME,	21f. LOCATION	t_stabbed				
	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	839 N. Lu	150mo ^-	CITY OR TOWN		YINUO	STATE
		AT WORK	AT WORK				ızerne Av		timore		
			1 1		scribed above, held for	Autopsy X,	Inspection,	Inquiry 🔲,	ond in my	opinion	
		death resulte	d fram: // Nati	ural causes 🔲 ,	Accident . 50			etermined monner	□,		
		ACTUAL	11/	Mark	TWAT	TITLE (SP			DAT	Enna	20
100	1	SIGNATURE_	74	- Mary	Mary O	wbleput	ty Chiefe	DICAL EXAMINER	SIGI	NED 7-7-8	SU
	1	EXAMINER'S N	NAME Tho	omas D. Sm	ith MD	45555	111 Pe	nn Stree	+		
	23n P	(TYPE OR PRIN	ION REMOVAL	13h DATE	132 NAME OF CE	ADDRESS_		OCATION			
	(SPECIFY) Bur	ial	7/12/1980	Baltimor	NETERY OR CREMATO e Cemetery		altimore.	_	.dilu	ATE
		UNERAL DIRECT				12	Se. DATE REC'D. B	SY REGISTRAR 25	HO-ISTRAR'S	S GNATURE ,	
))	V	m. C. M	larch F/	H 1101 Eas	st North Ave	enue	1111 8	1980	arimy.	The Creaty	



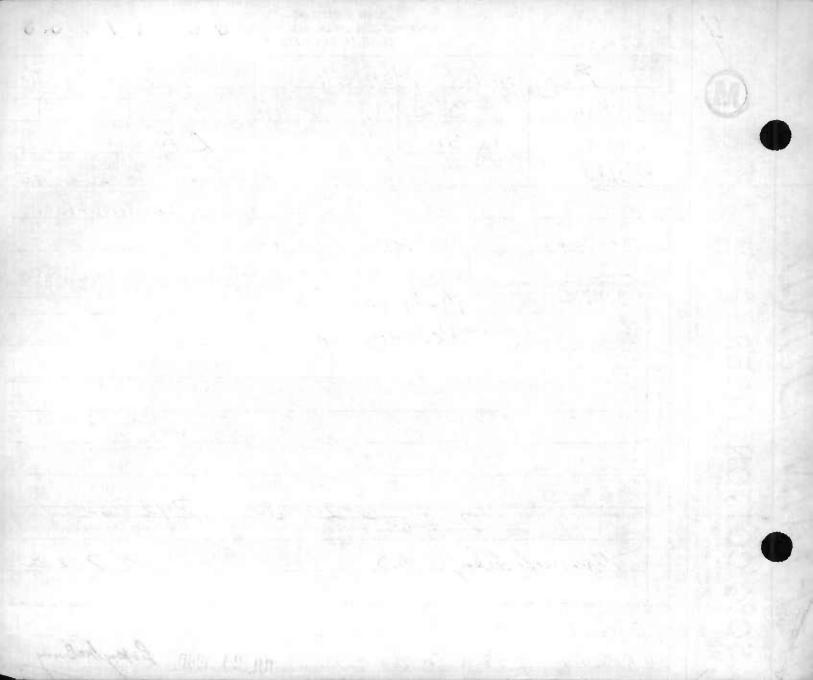
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

REGISTRAR



	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0	1776,9
(BA)	I DE	CEASED NAME FIRST	MIDDLE LAST		ONTH DAY YEAR 25. HOUR 30
CIAIN	- 25		vey Mosby.	1.05	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 m ector, s afte	3 SE	Male	A RACE S DATE OF BIRTH MONTH DAY YEAR NOT) 7 1898	6. AGE IN YEARS LAST BIRTHD.	MONTHS DAYS HOURS MIN.
eral dire		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? MARRIED SHEVER MARRIED WIDOWED DINORCED	BALTIMORE CITY OR	1.4
by the fur ed within	10 6	Altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPPOF WORK FOR MOSTOR W	N 12b. KIND OF BUSINESS OR INDUSTRY
thin 24 ho y filled in ould be fill aminer mu	130	TAME COUN	YES X NO [13 STREET AS ONESS	will liske t
ompletely and 2 shi	M	what	MODIE LAST SELL IS MOTHER'S MAIDEN NA FIRST, LAST SELL SELL SELL SELL SELL SELL SELL SE	WIDDLE	Ma sodes
e be exe an and co Pages 1 t, the me		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT 220058268 When the	slav 127	Drute 86 hake 6
it the death certific he attending physis move carbon paper emation, or remove other traumatic eve		PART I. DEATH WAS CAUSE	DUE TO, OR ASA CONSEQUENCE OF	thmia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
aw requires tha	CERTIFICATION	couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 1101
te ha	TIFIC				N CERTIFYING CAUSES OF DEATH?
DING PHYSICIAN: ttending physician. After this certificat s the burial-transit p th and Mental Hygic marked or Item 18		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY I	NITEM 18, PART T OR PART 2)
ENDING Phor attending DR: After this se as the burilealth and Mis marked of the marked	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or all OIRECTOR: hed for use all Dept. of Heal of Item 21 is		saw the deceased alive on above, (1) (we) (did) (etc. 10)	Wiview the body after death	death occurred on the date	19, that M (we) lost and hour and from the couses stated
TACL OF STATE OF STAT		226. SIGNATURE H.S.		MEDICAL STAFF DIRECTOR PHYSICIA	NO 7 22 80
TO HOSPITAL retained by the TO FUNERAL (should be detact with the State O IMPORTANT: I		17. DQ	2 3 1	ent Hos	SPITAL
BP	116	SURIAL PREMATION REMOVAL		23d. LOCATION CITY OF TOWN	COUNTY & STATE
O DHMH-16 25M	74. F	UNEKALDIRECTOR	19/0008559/ N/ 1/ 250 DAT	TE REC'D. BY REGISTRAR 25	profing / the Creedy

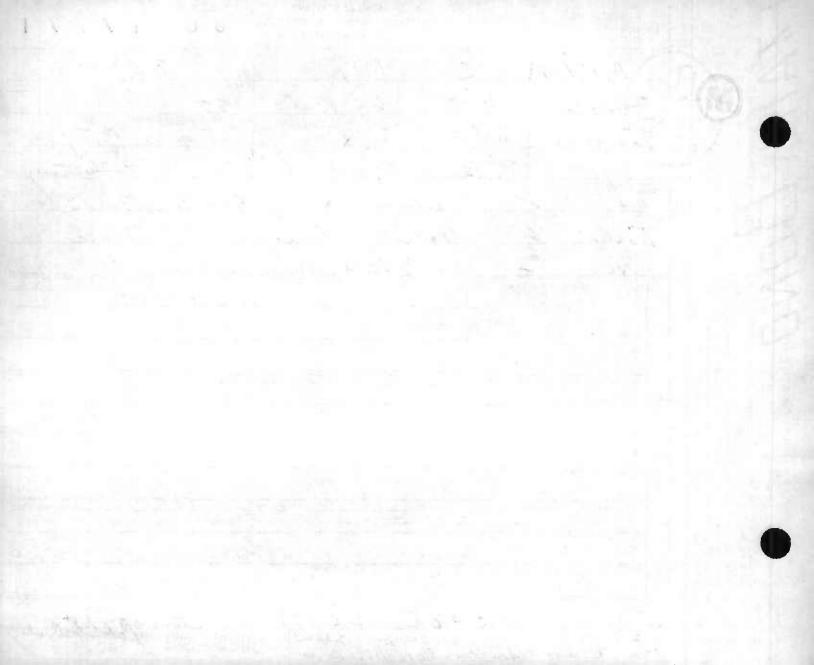
Bertmore City Dalfamore TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages I and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

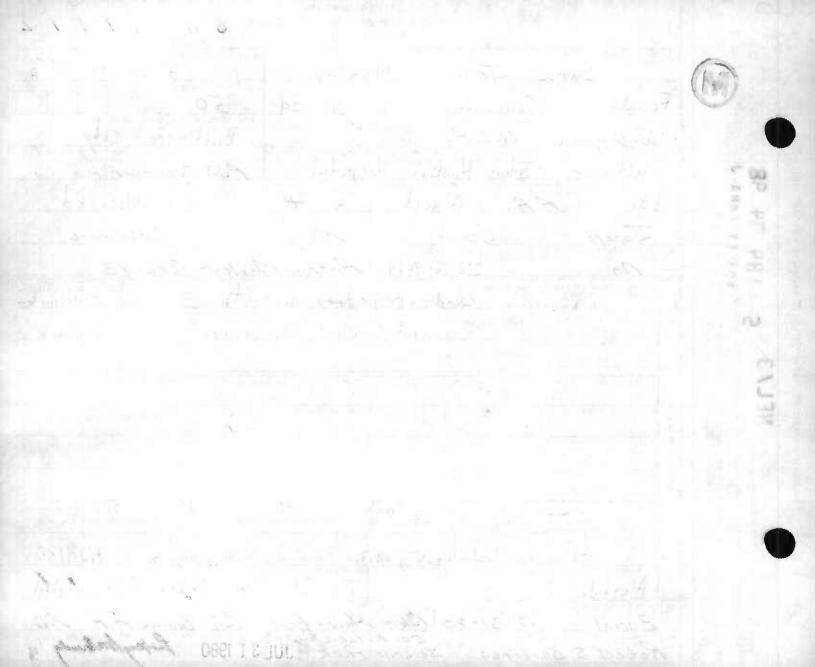
				STATE OF MARYLAND		
	1.	FOR - STATE	DEPARTA	MENT OF HEALTH AND MENTAL H	YGIENE 8 0	17770
		REGISTRAR			REG. N	
	(TYP	ECEASED NAME FIRST	MIDDLE	LAST P	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		PUPU		BROM		7 6 80 11:15pm
	3 SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER YEAR IF UNDER 24 IRS
	7. 0	Male	Black	October 1, 1		YRS
70	C	N.C.	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Q 111.	DR COUNTY OF DEATH 10Re City MD.
hatified	B. C	Altimore	Provident Hosp	pital Baltimore	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
ag the factor of		AL RESIDENCE (IF NURSING HOME OF STATE 136, COUI	1011 0111 0111011	RE ADMISSION) VN 13d INSIDE CITY LIMITS? MORE YES X NO []	13e STREET ADDRESS	St. Baltimore, Md.
expulsion (C)	14. FA	ather's name Unknown	MIDDLE LAST	15 MOTHER'S MAIDEN	Unknown	, LAST
medicol	(WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAP OP DATES)	URITY NO. 17 INFORMANT F	ederal Hill? Swarts,	Home 1213 Light St.
ny injury, ar ather troumotic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C	ENCE OF ARPYT	PRPEST THUTH RMINAL DISEASE OR CON 200. AUTOPSY?	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0)
0 9	IFIC	DATE OF CHARLOT	The CONDITION FOR WINCH	OFERATION WAS FERFORMED	YES NO	IN CERTIFYING CAUSES OF DEATH?
is morked or Item 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 710. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 21f LOCATION	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
MPORTANT: If Item 21 is mort		220. I certify that (I) (his haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	and we or print!	DEGREE ATTENDING PHYSICIAN	on death accurred on the do	CIAN D
WPO /			S. MARAVE	PROVID	7	PITAL
4	23a E	BURJAL, CREMATION REMOVAL	7/9/80 We	name of cemetery or cremator estview Mem. P		ore, Maryland Maryland
	24 F	uneral director Law Fun era l I	Home 4611 Park	Heights Ave	ATE REC'D. BY REGISTRAR	256 Roping Helredy

DHMH - 16 60M 1/75 (VR A 15 (4))

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			STATE	OF MARYLAND		
	1	FOR - STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	17773
A)		CEASED NAME FIRST	MIDDLE .	ulan	28. DATE OF DEATH MONTH	24 80 11:023
s afte	3 SI		RACE S DATE OF MONTH	FBIRTH 18	6. AGE (IN YEARS LAST BIRTHDAY) 35 YR	# UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN
in 72 hour		IRTHPLACE (STATE ORFOREIGN 76 Pennsulvania	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED DIVORCED	Baltimore city or could	
by the funded within	100	Mitmore City	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY CINE STREET ADDRESS)	Apt 209	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	GLIFE) 12h OND OF BUSINESS OR
should be filled in should	USI 13r	AL RESIDENCE (IF NURSINGHOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	36 S. Paca	St. Apt 209
and 2 sho	14. F	There's NAME FIRST MR	T. Fisher	Dorothu	E.	HOCKENBERRY
Pages 1 at the me	I 6a	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W.		GERARD C.	MOYLAN BANTI	PACA ST.
the attending physician emove carbon papers. Premation, or removal. other traumatic event,		Conditions, if ony, which gove rise to immediate couse 101, stating the		ma		BETWEEN ONSET AND DEATH
een signed by Then please re or to burial, cr any injury, or	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		
it permit. ygiene prii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
this certificate ha urial-transit perm Mental Hygiene d or Item 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
After this s the buri	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21s: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: for use a of Heal		22e.1 certify that (1) (this haspital		d that in (my) (our) opinion (, to death occurred on the date and	hour and Irom the causes stated
Ched Ched Dept		22b Signature	- MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
to FUNEBAI hould be deta with the State MPORTANT		7. M. ZIM	MERMAN MIZ	100 N	BROADWAY	BALTIM ORE
# 15 3 E	230	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	7 70 00 14	MEL CEMETERY		LANCASTER G. P
HMH-16 25M RA 15, 4) 1/79	24. 1	UNERAL DIRECTOR	ON FH BURACETHICH	W 74 1702-258. DATI	AUG 5 1980	STRAR'S SIGNATURE

Cherina D. 1841an 1 144180 11-6-20 Emple Carragion 4 18 45 35 L X Cathingra Citry ACU _one dienres? Bulling lity 30 S. Pace St. Apt 209 Cornector Bounder Ross Md - Ballman X 365 Pacco Str. Apr 209 Double I French Dorothy 5 Howensense NO - 203-36-1316 GERARD & MONTH EASTWORK, DID Colobbastonia -Business T. 28-80 Mr. Tomas Goercet Sundraway Store Colored MAKS MINNER SECTION AND AUGS THE

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X 2b. HOUR (TYPE OR PRINT) ESTI-WILLTE MAE NANCE 80 DEATH MATED 19 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. YEAR DATE DAY LAST BIRTHDAY) PRONOUNCED female 30 43 negro 11 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY Baltimore City USA N.Y. WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17h. KIND OF BUSINESS Johns Hopkins Hospital FOR MOST OF WORKING LIFE) Baltimore JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13. SIBERT ADDRESS Lafayette Ave. 13a. STATE 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES X RM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Edwards Marie 17 INFORMANT 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) DIVISION (IF YES, GIVE WAR OR DATES! Nance 1506 E. Lafayette Ave. N/A 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9). CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 90 YES NO IX 3 SHOULD BE DEPARTMENT BUR 210 EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Homicide Undetermined manner TITLE (SPECIFY) TO FUNERAL D
AFTER DEATH, BALTIMORE, MA ACTUAL Assistant 7-20-80 SIGNATUR 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 7/24/80 Arbutus Mem. Park Co. MD Baltimore 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) C. March F/H 1101 E. North Ave 15M 7/77

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	al dire	30		RTHPLACE ISTATE OR FOREIGN	7 CITIZEN OF	WHAT COUNTRY?	1 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU		
	unera n 72	25		Maryland	US	A	WIDOWE	D DNORCED	BALTIMO	RE (:	fil MD.
201	by the fur	3	Be	itimone	JOHNS	S HOPK	ADDRESS)	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
AND 213	ithin 24 ho	35	13a S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE 130 CITY OR TOW Battimore	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1737 S. Charles	St. Balto	o.Md.
RYL	S Site	7	14 FA	THER'S NAME	MODLE	- LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		ST.
X	omple and 2	60		Frank	(•	Thomas		Susan	A.	Hora	ton
ORE	nd co	1		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? EVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
A S		. /		No		218-09-	3057	Mr. Charles J.	Nash, Same as al		
12	physic papers pa			IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe SED BY	er lige or lat, (by, and	- 11	h-10-0	and to	BETWEEN	RIMATE INTERVAL LONSET AND DEATH
15.	a ding			I CULO IMMEDI	ATE CAUSE (a)_	Carale	1/01	money o	Yresv		
STO.				Conditions, if any, which	DUE TO,	OR AS A CONSEQUE	TOT	i Cornec	Ad CA	7	4001
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* +	the Contraction of the			underlying cause lost	100000	DR AS A CONSEQUE	NCE OF				
105, 201	a signed hen ples to buri		NO	PART 2 OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	01
CORDS	S Dee	0	CERTIFICATION	190 DATE OF OPERATION	196 CON	OITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	
A	dan Silan The Silan Sila	1	TIFIC	1473					YES NO NO	RTIFYING CAUSES YES	NO [
ž A	0	a	CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		OF INJURY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
92	To see		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) F	P.M.	19		2011114		
DIVISION OF VIT	1 - Lap 4		MED	21d INJURY OCCURRED	216 PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
N	R: Afte			AT WORK			-7	2	-7/4	1270	
	tal or CTOF or use of Hee			220.1 certify that (1) (this has sow the deceased alive		he deceosed from	28	nd that in (my) (our) opinion	death occurred an the date and	hour and from the	that (1) (we) last
	DIRECTORY OF THE			above, (1) (we) (did) (did 27b SIGNATURE	not) view the bod	y after death.		DEGREE			ESIGNED
	AL he tac			alan	T. 9	Den	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17/4	1/22
	PIT by By Sta	7		224 PHYSICIAN'S NAME (TYP	OR PRINT)	17		220 ADDRESS	J DIRECTOR LI PHISICIAN DI	14	1100
	TO HOS			MARK	T. 1	15ATA	76	3501 04	r. Post St	150 H	MI
. P. D	TO F Shoul		23a E	URIAL, CREMATION, REMOVA	AL 236. DATE	230/6	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CEITY OR TOWN	COUNTY	STATE
1/0	BP			Burial	July 8	1980	-ede	X HI Cemete	an Kichie Ithe	Y. Roll	-, m2.
	DHMH-16 25 (VRA 15, 4) 1		MC.	ineral director ("Wely Funeral"	Home, 13	0 E. Fort	Ave. E	Balto. Md. 250. DAT	E RÉC'D. BY REGISTRAR 236	Jay hel	Leady

LEwise E L. F. S. Lewis L. L. Valle Land B. J. AND THE PROPERTY OF THE PARTY O Brengary Francisco Chot R. R. Hill T. R. Thank Day Brends Division Commence of the St. - STATE REGISTRAR 7/80 111-1813

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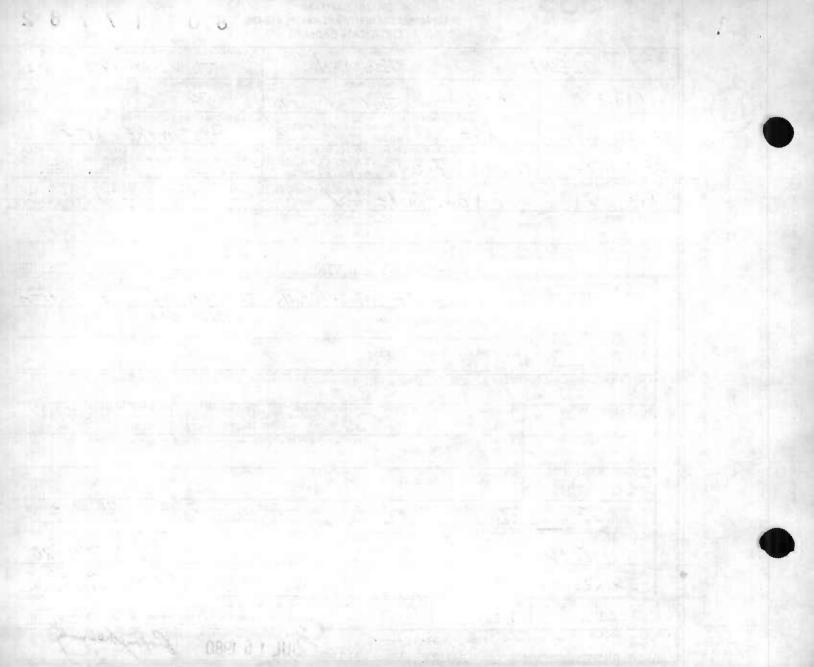
YTIA BROWLIUS BAUTIMORE ST AGNES HITSPITCH OF COLORS and which reverses x siru nel . A. A. . be Self as ennergish elloner un Self 20 CIS Birtal your cont. tio off. salto class salto class and described the record of the control of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitally should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, I and 2 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the medical m

	y	FOR - STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		81
/		CEASED NAME FIRST	ENE NEWM			LAST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
-	3. SE	× Female	1 RACE Negr	oid	5. DATE (OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS AYS HOURS MIN
35	7a. BI	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.
20	10 C	Balto.		OSPITAL, NURSIN HEACILITY GIVE STREET OS Baker		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		ID OF BUSINESS OR
35	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, ONLY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS 1505 Bake	er St.	
00	14. FA	ATHER'S NAME FIRST William	Jackson	LAST		15. MOTHER'S MAIDEN NAM	earl Butler		LAST
1	16a V	VAS DECEASED EVER IN U.S. AR (15 YES, NO OR UNKNOWN) (15 YES, GIVI	MED FORCES? E WAR OR DATES]	166 SOCIAL SECU 212-22-2		Richard V. No	ADDRE EWMAN 1918 1		St.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (DUE TO, OR (c) CONDITIONS CO	ohols	DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED	INAL DISEASE OR CONE	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
7	RTIF						YES NO	YES 🗌	NO 🗌
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	P.A.	A. MONTH DA	YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURR	CITY OR TOW		STATE
		220.1 certify that (I) (this hosping sow the deceased alive on above. (I) we) (did) (did not	1) view the body of			DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F 22c, D	the couses stoted ATE SIGNED 1/23/80 3 A LT
	(BURIAL, CREMATION, REMOVAL SPECIFY Burial		-80 23c. N	AME OF C	EMETERY OR CREMATORY CEM		1	d - STATE
		uneral director Bailey F.	н. 1348	Calhoun	Stree		REC'D. BY REGISTRAR	25b. REGIORAR'S SIGN	X Credy

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		FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 U		7 7	8 2
8 CE) DEC (TYPE C	EASED NAME FIRST LEON	MIDDLE		VMAN		MONTH DAY	YEAR 1980	26 HOUR /1.30 A M
	3 SEX	MALE	AncAsim	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS
123		THPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY	MARRIE WIDOW!	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	MORE	F DEATH MIT	Y MD.
by the fo	B	ALTIMORE !	1. NAME OF HOSPITAL, NURSI I IS NOT IN SUCH FACILITY, GIVE STREE EVIN PAVE HEORE	ADDRESS)	DROTHER INSTITUTION ERIATRIC CENTER + HESPITAL	The USUAL OCCUPATION OF WORK FOR MOST OF CLERK		INDUSTRY	MDSE.
un 24 ho	13a S1	RESIDENCE (IF NURSING HOME OR C ATE 13b COUNT	1// /		134 INSIDE CITY LIMITS?	STEATHERRA	L & MAI		STS.
mple mind 2 mind	14 FA1	HER'S NAME FIRST M JULIUS	DDLE LAST NEWMAN		15. MOTHER'S MAIDEN NAM FIRST ELLEN	WIDDLE		SONDH	
e be execu		AS DECEASED EVER IN U.S. ARM			17 INFORMANT MR. LEVINDALE HE	LOUIS BALK BREW HOME -		DERE &	GREENSF
death certificate tending physiciar carbon papers. Fon, or removal. traumatic event,			y ane cause per line far (a), (b), a BY:		WY SUPERIOR U	VENA CAV	#212 AL	58ETWEEN	METUTH
requires that the an signed by the art nen please remove to burial, cremativy, injury, or other		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONTRIBUTION TO CONTRIBUTING TO	IENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART HO)
I: The law te has been permit. The lene prior is shows an	CERTIFICATION	% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFYIN	NG CAUSES	GS USED OF DEATH? NO
PHYSICIAN: The physician. this certificate ha unial-transit perm Mental Hygiene d or Item 18 sho		2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E	AY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	TY IN ITEM 18, PART	1 OR PART 2)	
dir dir	M	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
T H S O S T		27a I certify that this haspite saw the deceased alive an abave, the (we) (did)	oil) attended the deceased fram, 10 view the bady after death.	80.	nd that in (aur) aprinian d	eath accurred on the de	10, 19 ate and have a	nd fram the	
TALOR AT y the hospital ALD DIRECT detached for tare Dept. of NT: If Item?		226 SIGNATURE ENGLY			DEGREE ATTENDING PHYSICIAN	MEDICAL STAIL	FIAN D	22c. DATE	SIGNED 10 /80
TO HOSPITAL retained by the ITO FUNERAL With the State DIMPORTANT: I		22d. PHYSICIAN'S NAME (TYPE OR ESTRELITA	O. KU		LEVINFALE +	HEBREW GE	RIATRIC	Ho:	STER +
0 OBP	(5	urial, cremation, removal becify) BURIAL	7/11/80	BALTIM	ORE HEBREW	23d LOCATION CITY OR TOWN BALT I	MORE		ARY LAND
DHMH-16 25M (VRA 15, 4) 1/79		NERAL DIRECTOR SOL LE NAME 010 REISTERSTON	ADDRESS	INC.	21215 JUL 1	5 1980	TIST GIETRA	R'S SEEDI	wely



		-1	STATE OF MARYLAND
n			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 / / 8 3
			REGISTRAR CERTIFICATE OF DEATH REG. NO.
	. /	1.1	DECEASED NAME FIRST MIDDLE LAST LAST LAST DATE OF DEATH MONTH DAY THAT 76 HOUR
ž,	83/		Leonings H Newsome 7-23-80 9:20 m
0	2	3.	SEX RACE S. DATE OF BIRTH B. AGE IN TEAS JAST BETTINGAY THE UNIQUE STAR SUBJECT STAR STA
- 8	56		MA/E 16/1 19-96 84 YES MONTHS DATS MOUSE MAR
	AND :	70.	BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED
	17	0	WILL SIFT WIDOWED DIVORCED DIV
1	7 1 1	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER MSTI) UNION (IF NOT IN SHEET PROJUTY, GIFFE REST/KORESS) 12. KIND OF BEDTINESS OR (IF NOT IN SHEET PROJUTY, GIFFE REST/KORESS)
5 7	led by	01	2A/TO, 1359 Kilmore Kd. Kelired
2120	the the	109	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 1 136 COUNTY 136. CLTY OR TOWN 13d. INSIDE CITY LIMITS? 136 STEET ALDRESS
LND 124	直	57	DALYAND BATTO YES X NO 1 1359 Kilmore Kd.
SYLL other	2 2 2	14.	FATHER'S MAIDEN NAME MIDDLE / LAST 15. MOTHER'S MAIDEN NAME
MA b	puo puo	20	Hexander H. Newsome Mary Newsome
SRE,	pod de	1 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (yes, NO OR UNKNOWN) (IF, YES, GIVE WAR OPERATES)
IIWC	900	' L	465 WW.F WS-099580A Mrs. Jusie New Some 1359 Kelmoreka
SALL of a	of the control of the		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON he death o	foot of the same		Conditions, if any, which (b)
¥ 1	4884		gove rise to immediate cause (o1, stating the) DUETO, OR AS A CONSEQUENCE OF
201 W	leesk iol e		underlying cause lost (c)
S, 20	on b bur	,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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EC.	n. has beer permit. ne prior ws ony i	2 5	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	0 - + 0 0	SEPTIFICATION	YES NO YES NO NO
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O Z	certification of plants	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
SIO PHY	this the bund ind M	AF.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT MANDRY AT
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A FA	RECTOR hed for u ept. of He tem 21 is	3	The state of the state of the court of the c
A S	0 000	-16	ATTENDING MEDICAL STAFF / 1/21/1/2
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HOSPIT	FUNE old be or the	1	7. 1
101	refoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT; IF	1	OYAEL YOKEL, M.D. UNION MEMOKIAL HOSPITAL
270	1	23	BURIAL, CREMATION, REMOVAL 235 DATE (SPECIFY) 236 NAME OF CEMETERY OR CREMATORY
	3P	24	FOMERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. PROJECTION 1
	I-16 50M7/77 R A 15 (4))	- 1	NAME - 6 - 1 - 3 6 ADDRESS AV +1 Page 1111 9 8 1000
		- 1	1026 DI 7 KUSS 2200 /11/10-10 17/10 00 40 1980

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1.	FOR		IE OF MARYLAND HEALTH AND MENTAL HY	GIENE	
	STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF	DEATH REG. NO.	1 1 0 5
1. DE	CEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN MONT	H DAY YEAR 26. HC
(TYP	THOM	AS	NIXON Jr.	OF ESTI-	2 1,80
3. SEX	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF UNDER 2		H DAY YEAR 2d. H
m	ale negro	8 30 1961 18 YR		PRONOUNCED TO TO THE PRONOUNCED	21 19 80 p
70. BI	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COU	
	Maryland ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCE		ty
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WOR	OR INDUSTRY
	Baltimore	2115 Boyd St.		Student	
13a. S	TATE Md 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ITY 136. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES X NO	3. STREET ADDRESS 2103 Boyd Street	
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST
Ž.	Thomas	MIDDLE LAST Nixon	Bertha	Wilso	
16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	
	No	217 88 092	26 Bertha Nix	con 2103 Boyd Str	eet
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c).)			APPROXIMATE INTERV BETWEEN ONSET AND D
		TE CAUSE (0)			
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE C	OF .		
, 94	gove rise to immediate	(b)			N Company
3.0	couse (o) stating the <u>under</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE C)F		
	DART 2 OTHER CICHIELEANT CONDITIONS	(c)			
Z	TAKE 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMI	NAE UISEASE OK CONUITION GIVEN IN PART	1 (a),	
ATIC	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20. AUTOPSY?
IFIC					YES & NO
MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	0.4
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH ? P.M. 7-2- 19 80	Hanged self.		
EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME,	21f. LOCATION	CITY OF TOWN	COUNTY
5	AT WORK AT WORK	bldg.	2115 Boyd St.	Balto.	COUNTY Md
1	The second of the second second	ge of the remoins described obove, held on	Autopsy X, Inspection	, Inquiry , and in my	opinion
	Λ		cide X Homicide	Undetermined manner,	
	IX	1 0000	TITLE (SPECIFY)		7-22-80
	ACTUAL SIGNATURE	MAXX	M.D. Assistant	MEDICAL EXAMINER SIG	NED
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	(TYPE OR PRINT)			Penn St.	
23a. Bl	URIAL, CREMATION, REMOVAL		METERY OR CREMATORY		OUNTY STATE
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Ambrose Funeral Home 1328 Sulphur Spring Rd.

DHMH-16 25M

(VRA 15, 4) 1/79

SALTIMORE CITM EALTIMOE ST AGNES HOSPITAL

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_	I DECE A	SED NAME	FIRST		MIDDLE		AST	26. DATE OF DEATH	MONTH D	AY YEAR	2h HOL
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ned /		DECEASED EVE	R IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS		
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ō	~ -	EITHER, NOTIFY MEDI			.M. OF INJURY	19	211 LOCATION				
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1	Pag F A B	23a.B	PECIFY)	TION, REMOVAL 231	- 1. C. I Cm	236 NAME OF C	EMETERY OF	RCREMATORY	23d. LOCAT	ION WW	05	COUN	TY	STATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME KNOWN [X] (TYPE OR PRINT) OF ESTI-80 OWENS . III GEORGE C. DEATH MATED 19 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY 17 H. S. J.R. DATE 78 T ST BIRTHDAY PRONOUNCED black DEAD a.M male YRS TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY U. S. A. Maryland Baltimore City WIDOWED [DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore 608 N. Mount Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Baltimore 13d. INSIDE CITY FIMITS? 13. STREET ADDRESS 115 North Bruce Street Maryland YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robin Morris George C. Owens, Jr. 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Robin Morris 115 North Bruce Street CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke and carbon monoxide intoxication IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19e. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TOUR CAMMONTH DAY caught in housefire 80 0 CONTRIBUTING CAUSE OF DEATH 10 21d. INJURY OCCURRED TIE PLACE OF INJURY If LOCATION room 608 N. Mount Stro Baltimore waryland STATE and cricor middle WHILE AT WORK AT WORK STATE [22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident XX Hamicide ______ death resulted fram: Notural causes Undetermined manner TITLE (SPECIFY) 7-2-80 TO MEDICAL E
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AFTER DEATH, V
BALTIMORE, MA Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 230. BURIAL CREMATION, REMOVAL 236 DATE 7/8/1980 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mount Auburn Cemetery Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H 1101 East North Avenue (VR A15 ME (5)) 15M 7/77

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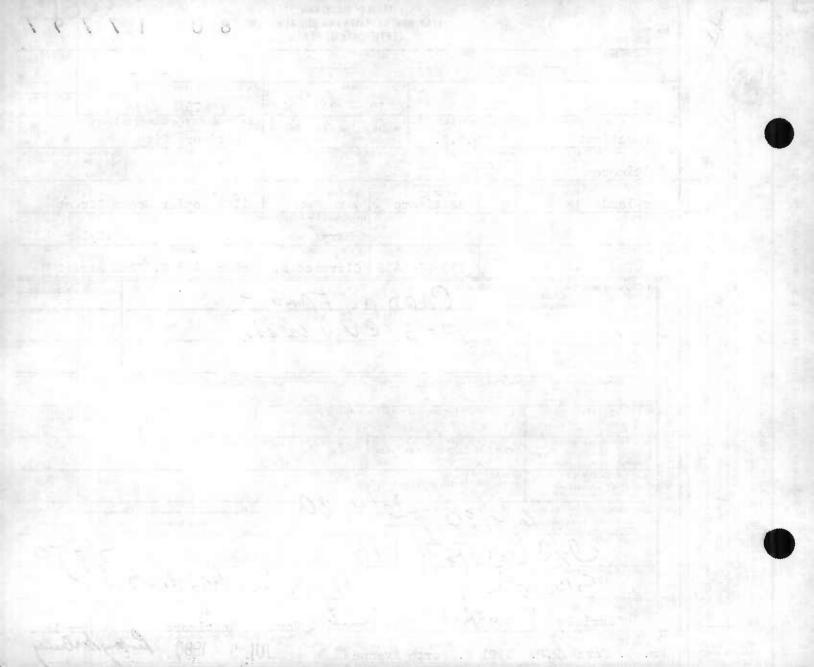
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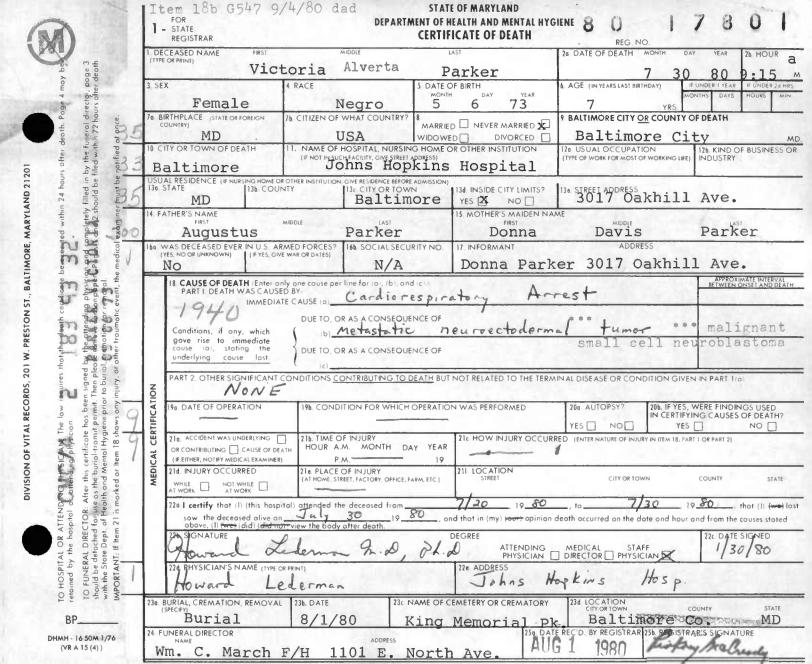
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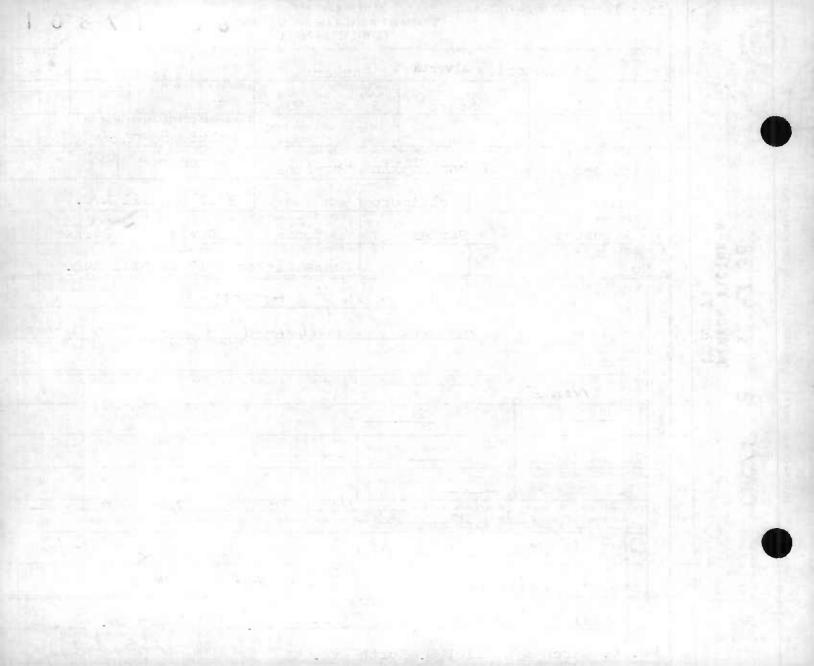
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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rathereding physician. When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled in the and Mental Hyasiene prior to buriol, cremation, ar removal. The fill shows only injury, or other traumatic event, the medical examiner must be not orked ar them 18 shows only injury, or other traumatic event, the medical examiner must be not orked are them.	0	onditions, if any, which love rise to immediate ouse (a), stating the inderlying couse lost	DIATE CAUSE (o) DUE TO, (c) DUE TO, (c)	CARDIO DR AS A CONSEQU DR AS A CONSEQU	RESP ENCE OF ENCE OF	RUND			CUN	1-	OXIMATE INTE EN ONSET AND	DEATH
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G G G E		I certify that (I) (this his sow the deceased alive above, (I) (we) (did) (did b. SIGNATURE	on		, Di	that in (my) (our GREE	NDING	, to leath occurred on t	STAFF		the couses st	toted
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR. should be detroiched for unwith the State Dept. of He IMPORTANT; if them 21 is	22	d. PHYSICIAN'S NAME OF	OPPRINT)	GAR(IA	22e ADDRESS		DIRECTOR PH			-/0	00
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. as Jason A. Parker 2a DATE OF DEATH . DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) .20 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTH YEAR MONTHS DAYS Male White Nov To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) Baltimore N. Carolina DIVORCED WIDOWED IR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Owner Heating oil business Baltimore Agnes Hospital USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 12925 Route 111 Howard W. Friendshin maryland YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Veda late late Lvdia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213 26 1825 Mrs Laura Parker 12925 Rte 144 W. Friendship No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIO- RESPIRATOR IMMEDIATE CAUSE (a)_ A CONSEQUENCE OF Conditions, if ony, which 00741 gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF couse lost underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION prior 19a BATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES A NO T 218. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) HOT WHILE AT WORK AT WORK 77s.1 certify that (1) (this haspital) attended the deceased from and that in (my) four opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN COUNTY Howard County Maryland Crestlawn Cemetery BP. Entombment 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Witzke 4112 Columbia R. Ellicott City (VR A 15 (4))

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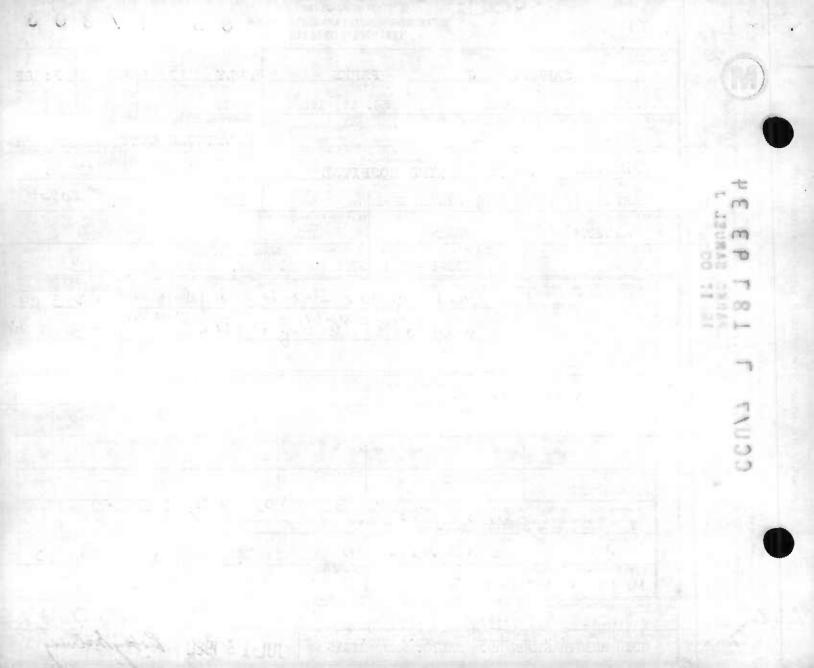




STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

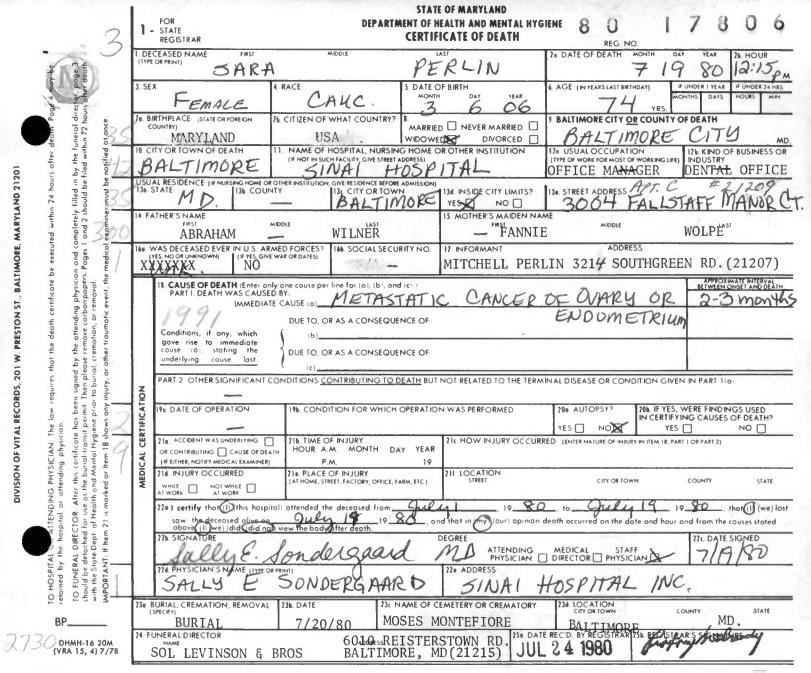
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) Phillips Diane OF ESTI-31 19 80 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR DATE black DAY LAST BIRTHDAY) female PRONOUNCED 10 80 4:40420 YRS 60 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD Baltimore City USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK 12b KIND OF BUSINESS Maryland General Hospital FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3002 Herbert St. YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Hurlie Pinkston Phillips 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS IYES, NO. OR UNKNOWN) I HE YES. GIVE WAR OR DATES N/A Hurlie L. Moses 3417 Essex Rd. No 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES K E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 3:21 AM 7/3 UNDERLYING OR subject stabbed CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. Eutaw Place, BaltimoreCity, WHILE AT WORK AT WORK house MD 226. I certify that I took charge of the remains described above, held on Inspection Inquiry Autopsy and in my apinian death resulted from: Accident Homicide V Undetermined monner TITLE (SPECIFY) 7/31/80 Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. Penn Street Balto MD 21201 (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 8/5/80 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR | GISTRAR'S SIGNATURE **DHMH-17** 1101 E. North Ave. (VR A15 ME (5)) C. March F/H 15M 7/77

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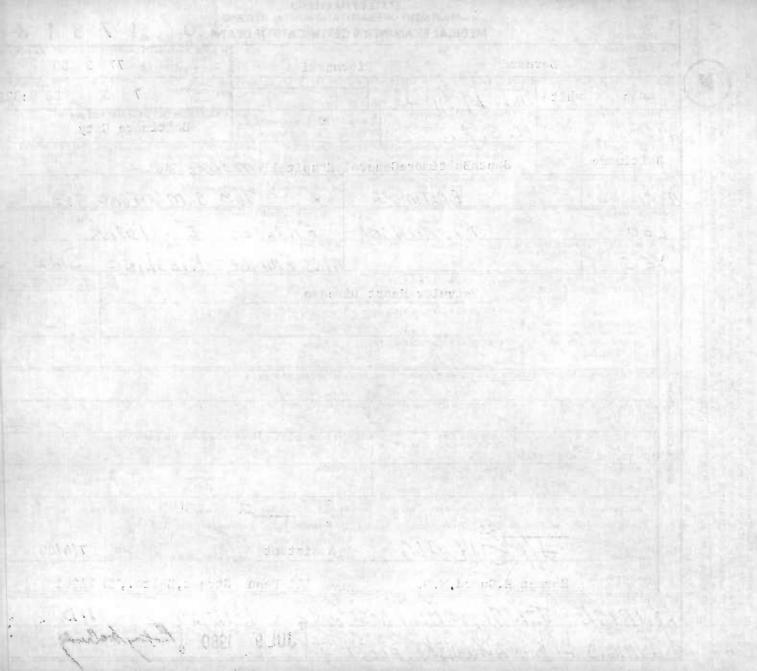
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	CEASED NAME PE OR PRINT)	HARE	RY	MIDDLE		PH	ILLIPS		20. DATE KNO OF ES DEATH MA	STI-	7 2	21 ₁₉ 80	
3 SE)	male	4. RACE white	5. DATE OF B	IRTH YEAR 14 23	6 AGE (IN YEA	Y) MONTH		DER 24 HRS.	20. DATE PRONOUNCED DE AD	D	7 2	21 ₁₀ 8	0.10.10
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ID. CI	Balti		II. NAME OF	HOSPITAL, NUI	RSING HOME TREET ADDRESS)		RINSTITUTION	12a. US	UAL OCCUPATI MOST OF WORKING	ION ITYPE OF		12b. KIND OF I OR INDUS	BUSINESS
13a S	TATE Md.	T3b COUP		13c. CITY	BEFORE ADMISSIN OR TOWN Balto.		13d. INSIDE CITY LIMIT		REET ADDRESS	Paul	St.	The B	
14. FA	ATHER'S NAME FIRST		WIDDLE		LAST		15. MOTHER'S M. FIRST				18	LAST	
16a. V	VAS DECEASED ES, NO, OR UNKNO Unkn.	DEVER IN U.S. AF	RMED FORCES? TE WAR OR DATES)		-16-19		17. INFORMANT		A	DDRESS			
, NC	gave ris cause (a) lying cau	ns, if any, which te to immediate stating the under se last. GNIFICANT CONDITION:	(b)_ DUE TO	O, OR AS A CON O, OR AS A CON OEATH BUT NOT RELA FATT	ISEQUENCE (DF NAL DISEASE	DR CONDITION GIVEN I	N PART 1 (a).					
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230. B	SPECIFY)	TION,REMOVAL		23c. N	NAME OF CEA	ALIERY OR	CREMATORY	23d. LG	OCATION FOR TOWN		COUN	ITY	STATE
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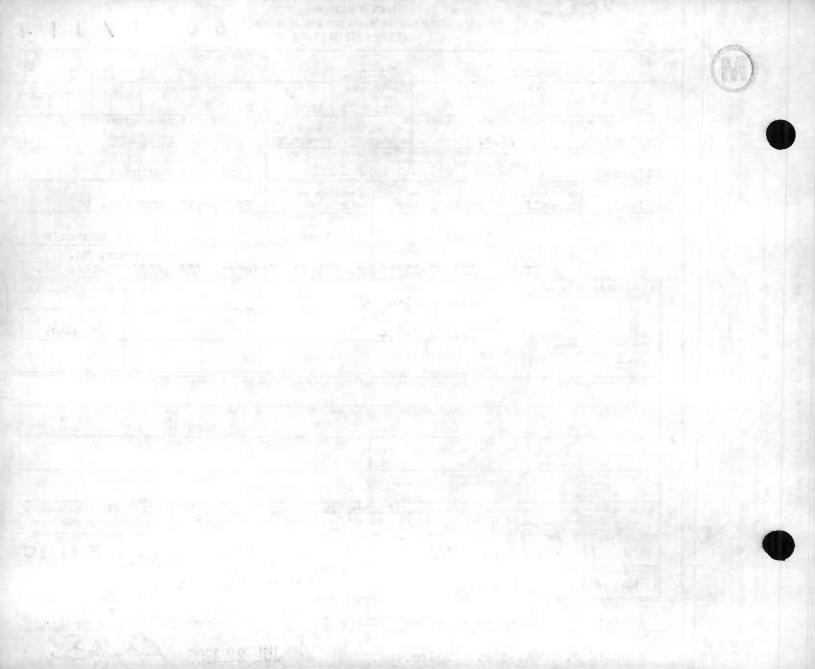
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	YPE OR PRINT)	Jennie	Phillips	20. DATE KNOWN XXO	6 7 19 80 26. HO
	female 4.RACE white	S DATE OF BIRTH MONTH DAY YEAR 1.1	GE (IN YEARS IF UNDER 1 YR. IF UNDER 2 MONTHS DAYS HOURS YRS.	4 HRS. 2c. DATE MON MIN PRONOUNCED DEAD 6	20 110
5	HPLACE (STATE OR LOUNEY)	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCE	Baltimore	City
В	altimore	1160 W. Hambu	rg St. J1130 DOA	120 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	ORK 176. KIND OF BUSINESS OR INDUSTRY
	STATE 13b. COUP			130. STREET ADDRESS	40 St. 2123
OC 14.	FATHER'S NAME	MIDDLE BODOLIST	15. MOTHER'S MAIDEN	NAME MIDDLE	late 200
160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES) 166. SOCIAL S 106. 18-	SECURITY NO. 17. INFORMAN Cas	in 34 Poulton	ey St. 2123
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per line for (o), (b), and	(c).)	J. J	APPROXIMATE INTERVA BETWEEN ONSET AND DE
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	Conditions, if ony, which gove rise to immediate				
	couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		
Z	PART 2 DIHER SIGNIFICANT CONDITIONS		THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a),	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED?	1-0min-	20. AUTOPSY?
E	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY			YES NO
	UNDERLYING OR CONTRIBUTING CAUSE OF		YEAR	(ENTER NATURE OF INJURY IN ITEM 18 PART) C	OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PŁACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STAT
£		ge of the remains described above, h	eld an Autopsy , Inspection	XX Inquiry , ond in m	y apinian
2 230.	death resulted from: Nat	Accident L	, Suicide , Hamicide , TITLE (SPECIFY)	Undetermined monner,	100
	ACTUAL SIGNATURE	man		MEDICAL EXAMINER SK	ATE 6/8/80
	EXAMINER'S NAME (TYPE OR PRINT) Hori	nez R. Guard. MD	ADDRESS 111 F	Penn Street	
23a.	BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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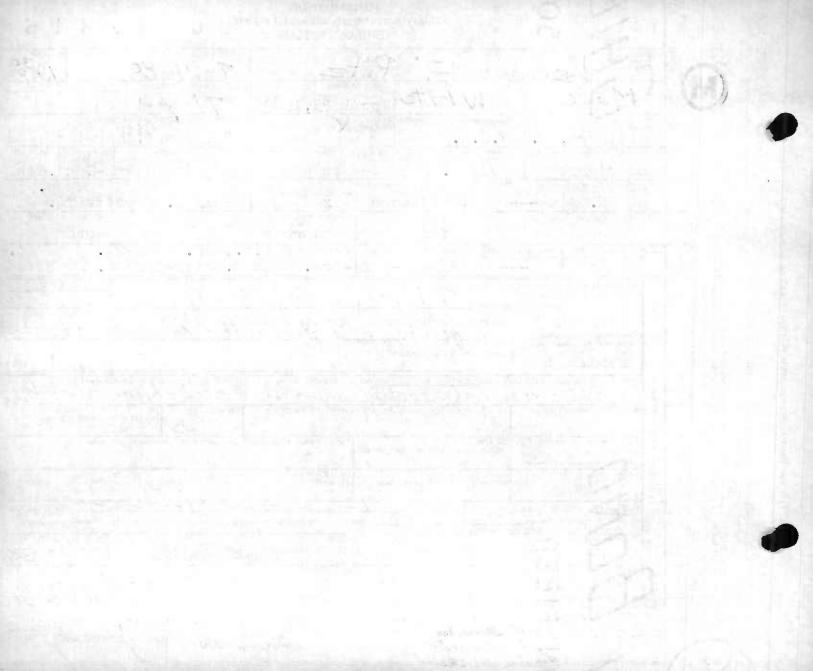
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	PA HOUSE	D. SEI	male	white	5. DATE OF B	BIRTH YEAR 87 37	LAST BIRTHE	ARS IF UN AY) MONTH	DER 1 YR. IF UI		2c. DAT PRONOU DEA	NCED	7	3		9:321
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA		EXAMINER'S N (TYPE OR PRIN	HOTT		uard,M.			ADDRESS 111	Penn	Stree	t,Bal	.to.,1	MD 2	1201	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) eonar 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 1909 pril 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED Baltimore, Md. DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerk-Cont.Can Baltimore Fauette Shipping Street DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Fayette St. Md. YES K II. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pitz George Moran Maru 17 INFORMANTBalto. Md ADDRESS 21224 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-01-7819-Mrs. Edna M. Pitz-2713 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line law in), ib1, and (c1.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS ACONSEQUENCE OF underlying cause PART X) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [NOF 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lental MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) d b 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Moreland Memorial Towson, Maryland . Nown, one DHMH-16 60M 1/73 3000 E. Baltimort Sporess (VR A 15 (4))



Easton. Md. 21601

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STATE OF MARYLAND

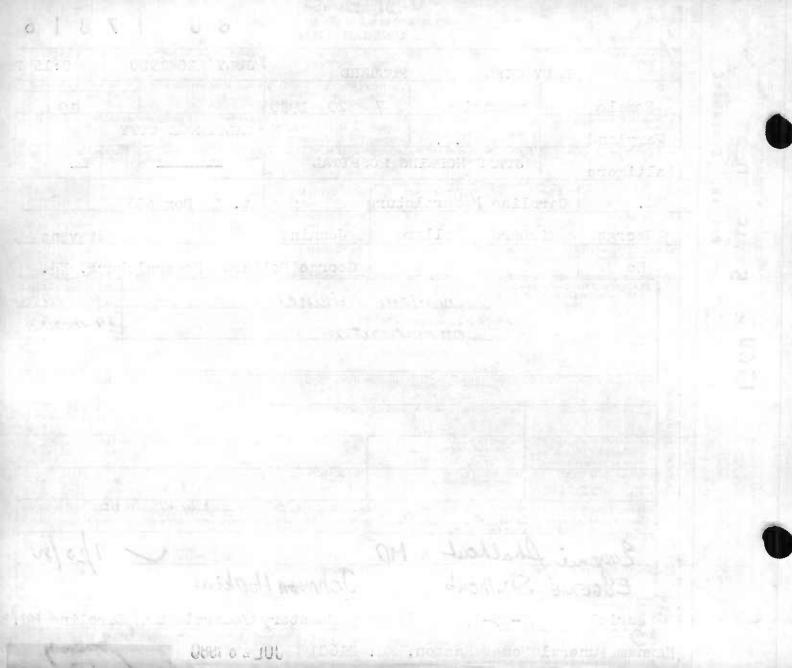
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 25M

(VRA 15, 4) 1/79

Newnam Funeral Home

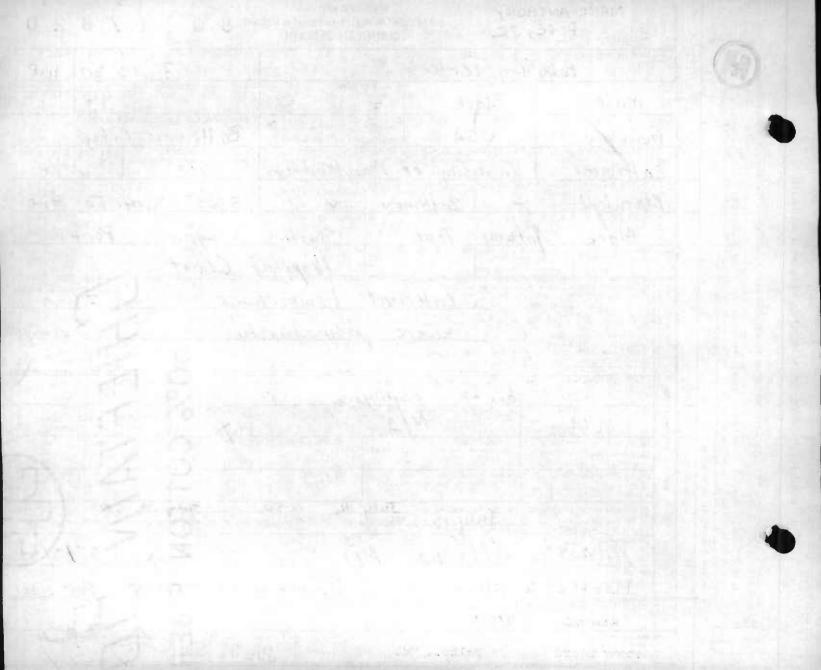


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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, 10 80 Kenneth Lee Pope 3 SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH DATE 2d, HOUR MONTH LAST SIRTHDAY PRONOUNCED 9:05A Male Black DEAD 18 61 19 1980 b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Mary Land MARRIED NEVER MARRIED U.S.A. Baltimore City WIDOWED DIVORCED FILED. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore SHOULD BE F Blk. of Bridgeview Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 844 Cherryhill Road YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF VIT Pope Jesse Annie Mae Thomas FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS WITH FOR (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES No 218-76-6208 Annie Mae Pope 844 Cherryhill Road 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Gunshot wound of Chest (.32 cal, handgun) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C201 PRIOR TO BURIA NO T BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214, HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING DOR 1980 MEDICAL ? P.M CONTRIBUTING CAUSE OF DEATH self-inflicted gunshot wound of chest 21e. PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, FTC WHILE AT WORK wooded area Bridgeview Rd. Balto .. off 600 Blk. Autopsy X 220. I certify that I took charge of the remain DIRECTOR: Inspection Inquiry and in my opinion ARYLAND, death resulted from **●**Homicide Undetermined manner WITH TITLE (SPECIFY) ACTUAL PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE MD Deputy ChiefDICALEXAMINER 7-7-80 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street TYPE OR PRINT ADDRESS PAG TO 230. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 7/10/80 Baltimore Arbutus Mem. Park County MD BP 24. FUNERAL DIRECTOR RAPS SIGNATURE 250 DATE REC'D. BY REGISTRAR 1256 REC **DHMH-17** 1980 (VR A15 ME (5)) 1101 E. North Avenue Wm. C. March F.H. 15M 7/77

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1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1	782
	REGISTRAR ECEASED NAME FIRST PEOR PRINT) Anthe	ony W. Potrzu	LAST	IN DAILE OF DEATH	DAY YEAR 26 HOUR
3.5		4 RACE White	S DATE OF BIRTH Jan. 5 DAY 1949	6 AGE (IN YEARS LAST BIRTHDAY) 6/ YRS	IF UNDER LYEAR IF UNDER 2 MONTHS DAYS HOURS
(2)	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (it	Y OF DEATH
month.	Balto.	333 S. Robinso		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII	12b. KIND OF BUSINES INDUSTRY
(30 l30	JAL RESIDENCE (IF NURSING HOME OR STATE Md.	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO NO	333 S. Robinso	n Street
500 IL F	Adolph	Potrzuski	Josephine	WIDDIE	Podowski
le medicol	WAS DECEASED EVER IN U.S. AR.	wed Forces? 166 SOCIAL SECU WAR OR DATES) 216-01-9		nzuski 333 S. Re	
I, crematian, ar remava ather traumatic event,	PART I. DEATH WAS CAUSE	y ane cause per line for (a), (b), and BY: E CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	Carcinorma of the	lung	BETWEEN ONSET AND C
ony injury, or	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO Pulmonary e	DEATH BUT NOT RELATED TO THE TERM TOPERATION WAS PERFORMED		ZEN IN PART 110
E S S S S S S S S S S S S S S S S S S S				YES NO YE	FYING CAUSES OF DEATH
d or Item 18 sh	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 210. PLACE OF INJURY	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18. F	COUNTY STA
pt. of Health and	WHILE AT WORK AT WORK 22a. I certify that (I) the same the deceased alive an above, (I) (while d) (did not 22b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE.) All) attended the deceased fram June 26 19 View the body after death.	Jan 1 19 74 80 , and that in (my) (seek opinion		19_80_, that (1) (3)
MPORTANT: If he	222 PHYSICIAN'S NAME (TYPE OF		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-10-80
230.	Melito M. To BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY L. Stanislaus Cem	23d LOCATION Balto. Balto. Md.	, Md., 21221
75 24	FUNERAL DIRECTOR NAME M. Weber & S	ons Inc. 4015.	25a. DA	TE REC'D. BY REGISTRAR 256, P. GIST	TRANS SCHANURE

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AND STREET		Butter la	. F. E. SI	/-//-	Surale	

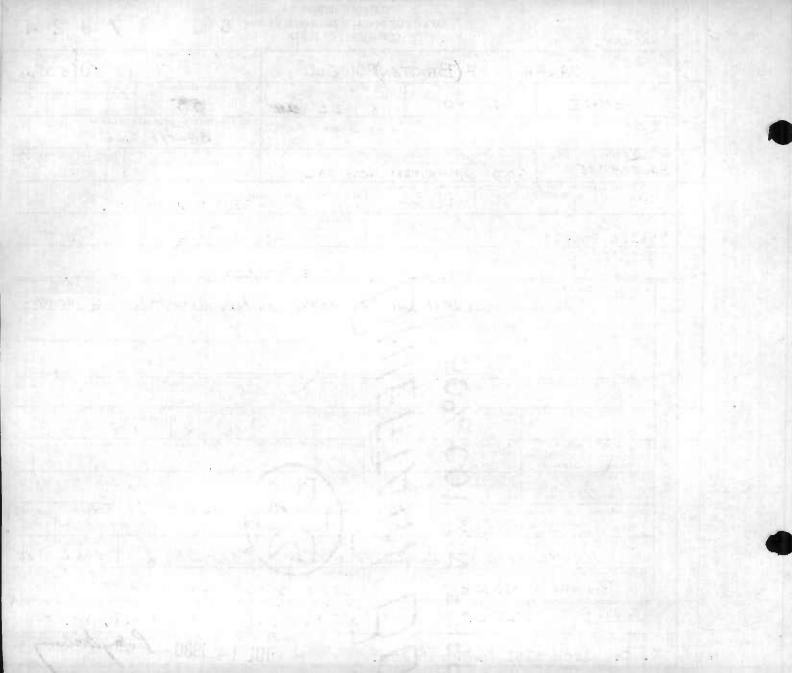
t	1-	STATE REGISTRAR		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATEO	F DEA	BH U	REG. NO.	7	3 2	2
18		CEASED NAM	E FIRST		MIDDLE		l	AST		1	O. DATE KNO	WN FR M	HINO	DAY YEAR	2b. HOUR
295	(14	PE OR PRINT)	Berna	rd	G.		Pou	1son			OF ES	111-	7	5 19 80	M
4	3. SE	Х	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR	s IF UN		IF UNDER 2		2c. DATE		ONTH	DAY YEAR	26 HOUR 6:00
W	M	ale	Black	4 23	32	48 YRS	MONTHS	DAYS	HOURS	MIN F	PRONOUNCED DE AD)	7	5 1980	A M
2		IRTHPLACE (S	TATE OR	76. CITIZEN OF W		TRY?	MARRIE	D XXNE	VER MARRIE	рП	9. BALTIMORE	CITY OR C	OUNTY		
25	I	laryland		U. S	. A.		WIDOWE		DIVORCE	-	Ва	ltimo	re C	itv.	MD.
14	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NUR	ISING HOME,	OR OTHE	R INSTITU	TION	12a. USU	AL OCCUPATION	ON (TYPE OF		OR INDUST	SINESS
-		Baltin		3741	Manc	hester	Aven	ue							
2	13a S	STATE	(IF IN NURSING HOME 13b. COUN	OR OTHER INSTITUTION, GI		BEFORE ADMISSION		3d INSIDE C	ITY LIMITS?	13e. STRE	ET ADDRESS		WY.		ANTE
	$\overline{}$	ryland			Ba	ltimore	3	YESXX	NO 🗆	37	41 Manc	cheste	r Av	zenue	
1	14 F	ATHER'S NAME		MIDDLE		AST		15. MOTHE	R'S MAIDE	NAME	MIDDLE	llis		Poulso	4
1		Felix			Pouls				Mamie					Poulson	1
1	160	ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY		17. INFORA		7		DDRESS			
,		No				24-5195)	vera	A. Po	ulso	n 3/41	Manch	este	er Aven	
		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one couse per line DBY:			443		S TABLE	200				APPROXIMATE BETWEEN ONSE	INTERVAL AND OEATH
		44		TE CAUSE (a) R		ed Aort		issec	ting.	Aneu	rysm				
		Condition	ns, if any, which		AS A CON	SEQUENCE OI									
	1	gave ri	se to immediate	(b)	15 1 5011										
		lying cou		DUE 10, OR	AS A CON	SEQUENCE OF									
		PART 2 DINER CO	CHIEFCANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BHT NOT BELL	IO TO THE TENH	11.000111	00.00000000	U ANDEN IN BAR						
	Z	THE POINTERS	ONLINEARY COMPITTORS	CONTRIBUTING TO BEATH	BUI NUI KELAI	ICU IU INC ICEMIN	AL UISEASE	UK CUNUIIIUI	N GIVEN IN PAR	1 (0).					
1	CERTIFICATION	19a. DATE OF	OPERATION	19b CONDI	TION FOR V	VHICH OPERA	TION WA	S PERFOR	MED?					20 AUTOPSY?	
/	FIC	1		-14										YES 🔀	по П
1	H.		L CAUSE WAS	21b. TIME OF			21c. HO	W INJURY	OCCURRED) LENTER N.	ATURE OF INJURY IF	N ITEM 18 PART	1 OR PART		
2		UNDERLYING	OR CAUSE OF			DAY YEAR									
	MEDICAL	21d INJURY C	CCURRED	21e PLACE (OF INJURY	(AT HOME,	21f. LOC							T-101	
	2	AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ET	C.)	ST	REET			CITY OR TOWN		COUN	41 A	STATE
		22a Locati		ge of the remains des	cribed abov	re held on	Autopsy	x .	Inspection		Inquiry	andin	my opin	nian	
		death results		ral causes X.	Accident	Suici		Hamic			rmined manner		my opin	non	
		0.00.11.103011	11	4 (1	, 30(0)		TITLE (S		Ondere	,ca manne	. —,			
		ACTUAL SIGNATURE	Vyici	ma LA	Jolan		M I			t MEDI	CAL EXAMINE	R	DATE	7/5/80)
1			7,0		D 1.	14 D									U I F
-/	1	(TYPE OR PRI	NAME VIT	ginia L.	Dolan	, M.D.	A	DDRESS_			111	Penn :	Stre	et	
	23a. 8	SPECIFY)	TION,REMOVAL			AME OF CEME				23d. LOC	CATION	7.1.6	COUNT	Y, ST	AJE .
			rial	7/12/1980) Ce	dar Hi	II C€		_					Marylan	a
		UNERAL DIREC		H 1101 E	et Nor	th Ave	niie				REGISTRAR 25	Sb. REGISTR	AR'S SIC	Kelred	
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55 21	It	ens #18	a-22a Fi	lm G547 %	EPARTMENT OF	TE OF A	ARYLAND AND MENTAL	HYGIENE				
2	1-	STATE REGISTRAR			ICAL EXAMIN			OF DEATH	REG. NO.	7 8	3 2	3
M()		CEASED NAME	FIRST		MIDDLE	17.7	LAST	2a. DATE	KNOWN IXI	MONTH DAY	Y YEAR	2b. HOUR
Week to	(ITP	E OR PRINT	MARY	H.		P	OWELL	OF DEATH	ESTI-	7 19	19 80	AA
0	3 SEX	4	RACE	5 DATE OF BIRTH	YEAR LAST BIRTHO			R 24 HRS. 2c. DATE		MONTH DAY		24. HOUR 9:53
N 2 2	fe	male	negro	10/12/	27 52 Y	RS.	DAYS HOURS	MIN. PRONOUN DEAD	CED	7 19	19 80	9:53 p m
WITHIN 72	7a 81 FO	RTHPLACE (STA	TE OR	76 CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER MAR	RIED	ORE CITY OR		DEATH	
× / / /	-	N.C.		USA		WIDOW			cimore (MD.
33		ryor rowno Baltimo	re	Johns He	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) OPKINS HOST	pital	4	120. USUAL OCCUP FOR MOST OF WORK			KIND OF BUS OR INDUSTRY	
2	13a. S		HAURSING III FOR		RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES		i and	7	
7	14. FA	THER'S NAME			Darcinor		15. MOTHER'S MAIL		Montf	ord A	Ave.	-
DO		Israel	Hardy	WIDDLE	LAST				DDIE		LAST	-
	16a. W	AS DECEASED	EVER IN U.S. ARM		16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS	1-1		
	(Y E	S, NO, OR UNKNOW	N) (1F YES, GIVE W	/AR OR DATES)	N/A		Raymond	d Powell	1221 N	I. Moi	ntfor	d Ave
		18 CAUSE OF	DEATH (Enter only	one couse per line f	or (o), (b), ond (c).)						APPROXIMATE I	NTERVAL
35		PARTIDEA	TH WAS CAUSED IMMEDIATE	BY: CAUSE (o) H	vpertensiv	е сат	diovascul	ar disease	& ohas	1.137	TWEEN ONSET A	IND DEATH
HYGIENE, VAL.	41	402	9		S A CONSEQUENCE					-03	2 37	-31
MENTAL HY		gove rise	if ony, which to immediate	(b)						37		300
OR REMOVA		couse (a) s lying couse	toting the <u>under</u> - lost.	DUE TO, OR A	S A CONSEQUENCE	OF						
				(c)								
	NO	PART 2 OTHER SIGN	IFICANT CONDITIONS CO		T NOT RELATED TO THE TERM ronic anem:		OR CONDITION GIVEN IN P	'ART 1 (a).				
	CAT	19a DATE OF C	PERATION	196. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20.	AUTOPSY?	
Ц	CERTIFICATION							15.5			YES 🖾	NO [
2	LCE	210 EXTERNAL	OR		MONTH DAY YEAR	21c. HC	W INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)		
2	MEDICAL	CONTRIBUTING	CAUSE OF DE		FINJURY (AT HOME.	214 10	CATION			100		
	MEC	WHILE -	NOT WHILE AT WORK		RY, FARM, ETC.)		TREET	CITY OR TOW	/N	COUNTY		STATE
				of the remains descr	ribed obove, held on	Autop	y X Inspecti	on , Inquiry	. ond in	n my opinion		
3		deoth resulted		(37)		icide	Homicide .	Undetermined mo		, opon		
			M	, CAR	7		TITLE (SPECIFY)		273			
		ACTUAL SIGNATURE	111	14/4/		м		AT MEDICAL EXAM	INER	DATE SIGNED 7	-20-80)
2		EXAMINER'S N	AME U									
		(TYPE OR PRIN	Anı	n M. Dixo			NO DINEGO	Penn St.				
		Burial Burial	ON,REMOVAL 23	7-24-80	23c. NAME OF CEA			23d. LOCATION CITY OR TOWN		COUNTY	STAT	īξ
		JNERAL DIRECT	28	7-24-00	Macedo	nia		Greenvi			Va.	
		mame C Ma		101 EADDRESN	orth Ave.		ZJU, DATE		D,	AR SSIGNA	OKE	
1								22 1980	print	My/Ke	Creade	

27 12 /22 /01 2 The state of the s

	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYGIENE 8 0 1 7 8 2 4
	REGISTRAR ECEASED NAME FIRST PE OR PRINT) SARA	H F (BAATTEN) POWELL	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 7 10 80 5:30 p
M	FEMALE	1 RACE NEGRO S. DATE OF BIRTH MONTH DAY YEAR 8 ZZ 24	4 55 YRS.
10	COUNTRY	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE
210	CITY OR TOWN OF DEATH RALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GOOD SAMARITAN HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
130	UAL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN'	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS Baltimore YES NO	s? 134 STREET ADDRESS 2657 Oswego Ave.
2000	FATHER'S NAME VILLIE POWELL	AIDDLE LAST IS MOTHER'S MAIDEN FIRST Virgi	nia Douglas
16a.	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (# YES, GIVE Y	WAR OR DATES)	ratten 2657 Oswego Ave
0	Conditions, if any, which	(b)	
rs ony injury, or other tro	gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CO	(b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCUPANT AND A SECOND TO THE TOTAL AND A SECOND TO THE TOTAL AND THE TO	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Hem 21 is marked on Hem 1	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
-//	gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 22a.1 certify that (I) (this hospitt saw the deceased alive on obove, (I) (we) (did) (did not)	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCUPATION STREET, FACTORY, OFFICE, FARM, ETC.) OI) ottended the deceosed from MARCH 2-2, 19 & JUCY 10 19 & Ond that in (my) (Dur) opin view the body offer death. DEGREE ATTENDIN PHYSICIA PRINT) 22c. ADDRESS	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE CITY OR TOWN COUNTY STATE 19 that (I) (we) nion deoth occurred on the date and hour and from the couses stated

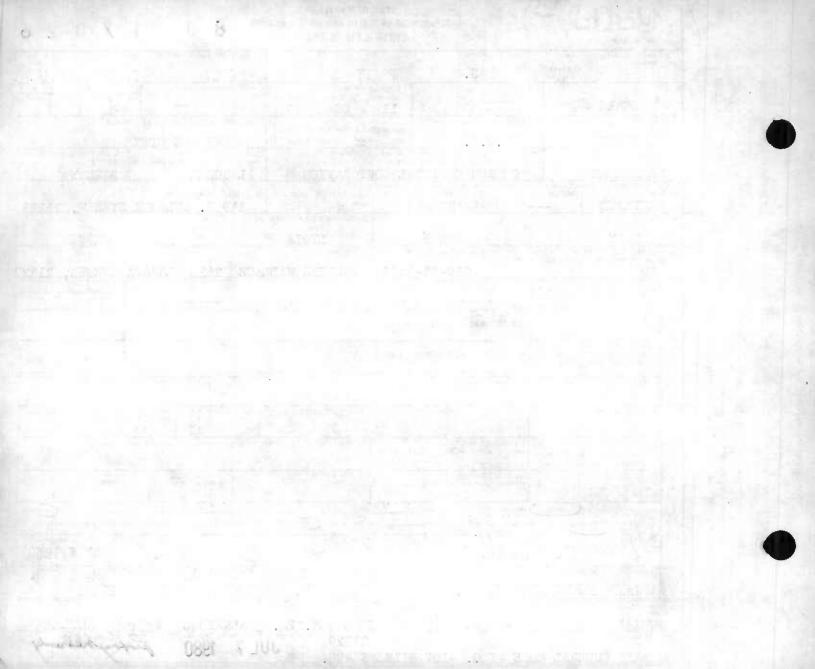


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2	-	STATE REGISTRAR				MED	ICAL	EXAMI	NER'S	CERTIF	ICATE (OF DE	AH O	REG. NO		O	ha	3
		CEASED NAM	E F	FIRST			WIDGE			LAST			20. DATE	KNOWN &		DAY	YEAR	26. HOUR
S. S. S.	1	CONTRICTO	Ti	imoti	hy		B		Po	wers			()-	MATED	~	5	19 80	
ECT E	3 SE	X	4. RACE		5. DATE OF	F BIRTH	YEAR	6. AGE (IN	YEARS IF UN	NDER 1 YR			2c. DATE		MONTH	DAY	YEAR	2d HOUR 2:30
O UR	Ma	1le	Whit	e l	11/3	0 4		0.0	YRS.	HS CAYS	HOURS	MIN	PRONOUN DE AD		7	5	19 80	2:30 PM
NECESSARY FUNERAL DIR S FOR YOUR WITHIN	7a. B	IRTHPLACE (S	TATE OR		7b. CITIZEN		AT COUN	TRY?	8. MARR	IED N	VEVER MARI	RIED X	9. BALTIM	ORE CITY	OR COUN	ITY OF D	EATH	
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. PRESTO. STITLES		laryla				USA			WIDOW		DIVOR			altimo				MD
Y IS NGE 101 V		ITY OR TOWN			11. NAME	OF HOSP	ITAL, NU	RSING HOATREET ACCORESS HOSPIT	AE, OR OTH	IER INSTIT	UTION	12a. USI FOR	MOST OF WOR	PATION (TYP	E OF WORK	12b. KIN	ND OF BL	JSINESS RY
DELAY IS N 3 TO THE FIN B PAGE 5 0 BE PILED 5		Baltimo:	-									Co	ontre	ctor		Bu	ild:	ing
	113a. S	AL RESIDENCE TATE	136.	COUNT	Y OTHER INSTIT	UTION, GIVE	13c. CITY	ORTOWN			CITY LIMITS?		EET ADDRE	ss				
- 5.50 N -		rylane					Ba 1	timo	re	YES X				Be Be	Tvec	lere	Av	Θ,
M. 2 SES 1, 2, W. 3. AND 2 SES 1, 2, AND 3.	14. 6	John		т	MIGDLE		Day	LAST	C.		HER'S MAID		M	IDDLE	D.	20 2 00	LAST	
MORE, TER DE PAGE SS 1 AND OF NO. OF NO.	16a. \	WAS DECEASE	D EVER IN U		SED FORCE	5?		iers,		17. INFO	Jeanr	16		ADDRESS		bin	son	
E 48-25	()	NO. OR UNKNO			VAR OR DATES		213		0314	M	rs.	Jeani	ne R.	Low	e		Sam	e
		18 CAUSE O	F DEATH (Er	nter anly	y ane cause											AP	PROXIMATI	
TON ST., I		PARTIDE	ATH WAS C		BY: E CAUSE (o	B.	lunt	injur	y to	head				104		0011	EEN ONSE	T AND DEATH
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W. PRESTON PERSON PERSON IN PRINCIPLE IN PRI		gave ri	ns, if any, se to imm	ediate	< ')(210			
E X 4 > 6		lying cau	stating the see last.	under-	DUE	TO, OR A	S A CON	ISEQUENCE	OF									
S, 30	13	PART 2 OTHER SI	GNIEICANT CON	DITIONS CO	ONTRIBITING		T MOT SEL A	TEO TO THE YES	MINAL OISEAS	r on county	tan amen m a							
ECORDS, : D BE EXECTION OF THE AND ING " AS A BUTH AND EMATION, THE AND ING "	Z	T ART 2 VINCE 3	OMITICANT COM	Dillons Co	ORTENDENNO	TO OTATII BO	I NUI RELA	HEO TO THE TE	MINAL UISEAS	E UK LUMUIII	ION GIVEN IN P.	AKI 1 (0).						
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST BALTIMORE, MARKIAND, 217		EXAMINER'S (TYPE OR PRI	NAME NT)	Vir	ginia	L. I	Dola	n, M.I).	ADDRESS			1.	ll Pen	in St	reet	ELE	
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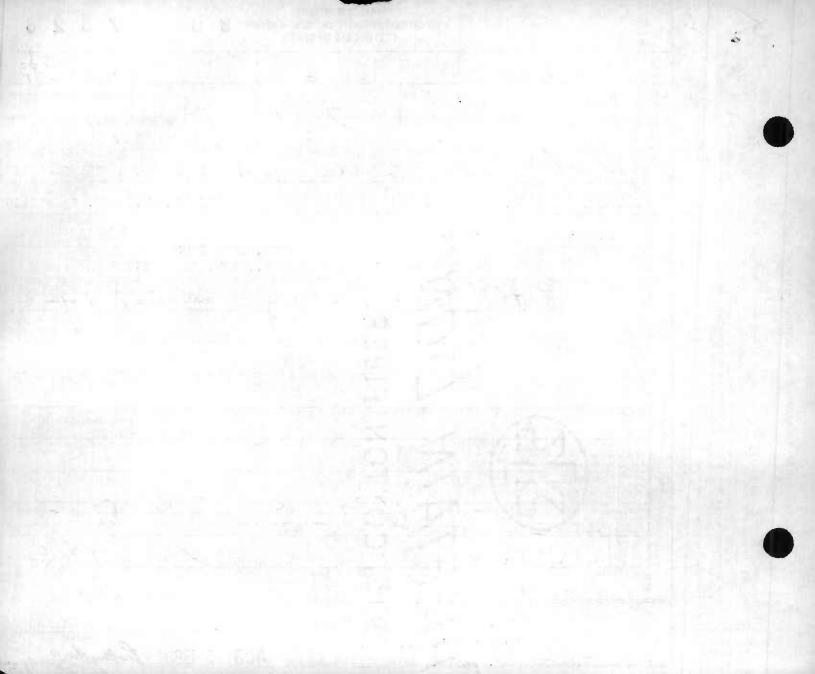
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

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of	- STATE REGISTRA	R			IFICATE OF DEA		REG. N	0.	1 8	2 6
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E C	OR CONTRIB	TING CAUSE OF DE				RY OCCURRED	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	PART 2]	
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	(IF EITHER, NO 21d IN JURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21 R PLACE OF IN. (AT HOME, STREET, FAI	JURY CTORY, OFFICE, FARM, ETC J	211 LOCATION STREET		CITY OR TO	WN CC	DUNTY	STATE
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E	sqw_th	e deceased alive or	of) view the body ofter	19.80	and that in (my) ou	opinion de	oth occurred on the d	ote and hour and	from the cous	es stoted
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-	230 BURIAL, CRE	MATION, REMOVAL	23b. DATE	231 NAME OF	CEMETERY OR CRE	MATORY	23d. LOCATION CITY OF TOWN	COUN	ITY	STATE
_	BURIAL		07-08-80	MEADOW	RIDGE MEM		ELKRIDGE	HOWARD	MARYI	
25M	24 FUNERAL DIR	ECTOR		ADDRESS	21229	250. DATE R	PEC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE	heady
4) 1/79	HIIBBARD	FUNERAT.	HOME INC	4107 WILK	FNS AVE	30	L 7 1980	1	7	-/



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINT! Charles Price Albert 80 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR AONTHS DAYS HOURS. Male White 1927 Oct. 16. JO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED COUNTRY Pennsylvania United States Baltimore City WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Johns Hopkins Hospital Baltimore Ship & Drydock Welder USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1130. COUNTY 1316. CITY OR TOWN 13ª STREET ADDRESS 134 INSIDE CITY LIMITS? 925 N. Bradford St Maryland YES 🗔 NO [Balt.imore 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE Elizabeth Herman Linderman Price 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) Mrs. Janice Price 925 N. Bradford St. Marine 220-01-5116 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stating the underlying couse migocandia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NO YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINERS PM 21f LOCATION 214 INJURY OCCURRED 21a PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.I CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that (this haspital) attended the deceased from_ saw the deceased olive on above. N (we) (did) (did not) view the body ofter death and that in (May) (our) opinion death occurred on the date and hour and from the causes stated 174 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld be FUN shoul 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE COUNTY I SPECIFY! Maryland Mt. Carmel Cemetery Baltimore 250. DATE REC'D. BY REGISTRAR 250. REGISTAR'S SIGN TUR 24 FUNERAL DIRECTOR DHMH-16-25M Lilly & Zeiler, Inc. 1901 Eastern Ave. 1980 (VRA 15, 4) 1/79

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Thomas 1980 Purnel' SEX 4. RACE IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR BIRTHDAY) PRONOUNCED 12:45 Male White DEAD 1980 YRS 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City

Residence City WIDOWED [DIVORCED PAGE 5 E FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore Johns Hopkins Hospital STUBENT -86 RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS GEDRGETBUN 15. MOTHER'S MAIDEN NAME OF VIT MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PICAL EXAMINER ALONG WIND A BURIAL-TRANSIT PERMIT. P. 1 AND MENTAL HYGIENE, DIVIDION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Fractured Neck with Quadraplegia and complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] 4 CERTIFICATION E USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ATE, WRITING THE WORD ORWARDED TO THE CHIE R. PAGE 3 SHOULD BE USING E STATE DEPARTMENT OF 21201 PRIOR TO BURIAL, C. YES T NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Z OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL P.M. 2 CONTRIBUTING CAUSE OF DEATH 19 78 subject was wrestling 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK school Delaware THE CERTIFICATE, SHOULD BE FORW ERAL DIRECTOR: P. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 27 Loutity that took charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry death resulted from Suicide Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL DATE Deputy Chiefedical EXAMINER 7-1-80 SIGNATI EXAMINER'S NAME Thomas D. Smith, M.D. Penn Street ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY GEERGETOWN BP 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** 6 EDRESS 6 ETOWN (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) 80 QUEE ARL David IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX DAYS HOURS MONTH YEAR BLACK 00 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTO STUDENT GOOD SAMARITAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MIN COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS ploo NO K 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST FIRST MIDDLE LAST MIDDLE Adele Warren ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMAN Rd. (YES, NO OR UNKNOWN) Mr.Charles M. Oueen-5701 Belle no Grove BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY JULY 18 48 MASSIVE INFECTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MAU 19817 WIDESPREAD CANCER Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? TULL 9 1980 CANCER Hygiene YES [NO [NO DIVISION OF VITAL 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER! 19 P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 50 COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive an_ and that in (my) (our) apinion death accurred on the date and hour and from the couses stated obove, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE MEDICAL should be deto with the Stote [DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT. 221 PHYSICIAN'S NAME (TYPE OF PRINT) 20GEL10 FILAMOR 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE COUNTY CITY OR TOWN Burial Baltimore Arbutus Mem.Pk. BP 30/1980 750. DATE REC'D. BY REGISTRAR 256. REGULANA SIGN LINE 24 FUNERAL DIRECTOR DHMH - 16 25M ADDRESS (VR A 15 (4)) 9/74 Herbert E. Nutter-3035 W. North Ave

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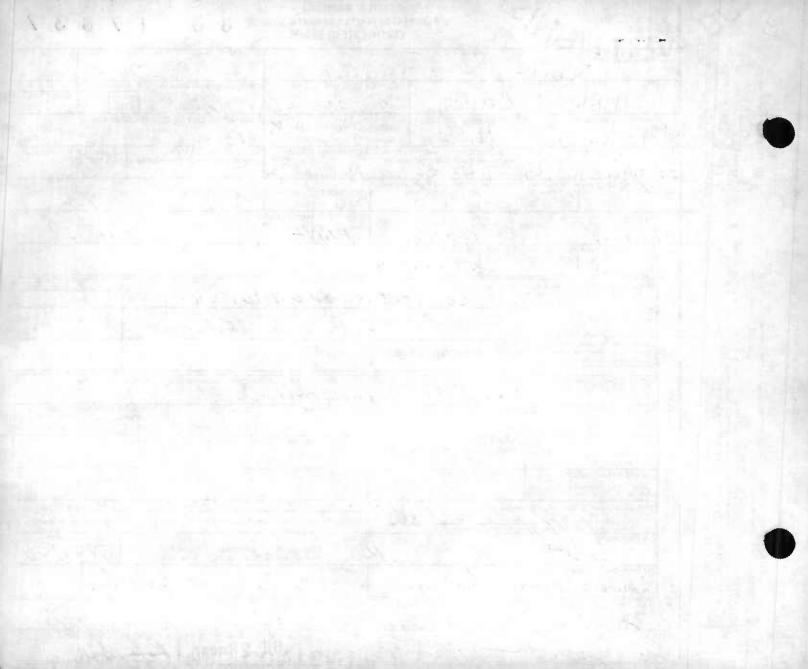
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

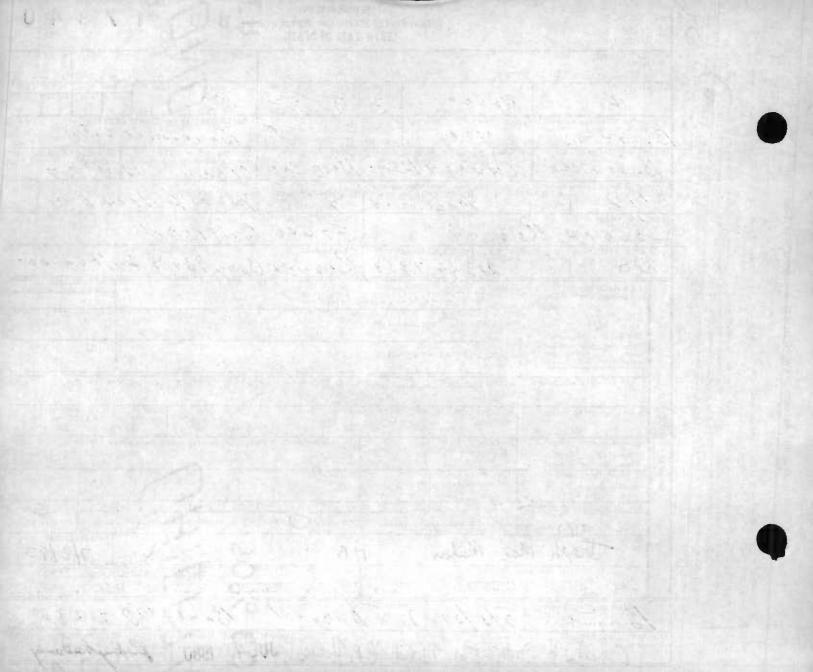
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b	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	1 7 8	4 0
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RAL DIRECTOR: , e detached for use state Dept. of Hea	Section	220. I certify that (I) this haspi saw the deceased plive on above, (I) (Ve) and idd no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	Max Makon	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	ate and hour and from the control of	SIGNED 2/80
retained by the TO FUNERAL should be detivith the State (MPORTANT:		DR. JOSEPH	NACMAHON I	M.D. 100 N. KKX	XXX BROAD	L CORPORAT	
BP	1	SURPLICATION REMOVAL	23b. DATE /80 23ch	NAME OF CEMETERY OF CREMATORY	23d. LOCATION	e Myoungs 2	3 STATE
MH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS Man	250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATU	Creades



PHILLIPS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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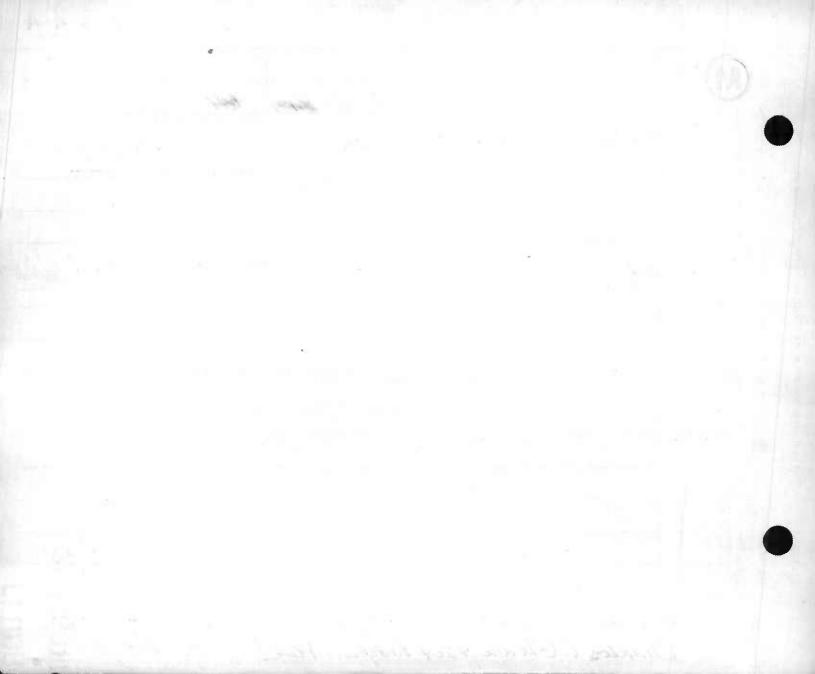
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Clarke Mattingley, Leonardtown, Md

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William A. Reeves Bessie Simpkins 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Carcinoma of Esophagus 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if only, which gave rise to immediate cause (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DIRER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). PART 2 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. DATE OF OPERATION 197. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES \(\) N 210. AUTOPSY? YES \(\) N 2110. INJURY OCCURRED 2110. FLACE OF INJURY (ATHOME) 2111. LOCATION	13a. ST	TATE 113k COUN			13d. 1NS10			n Ave		
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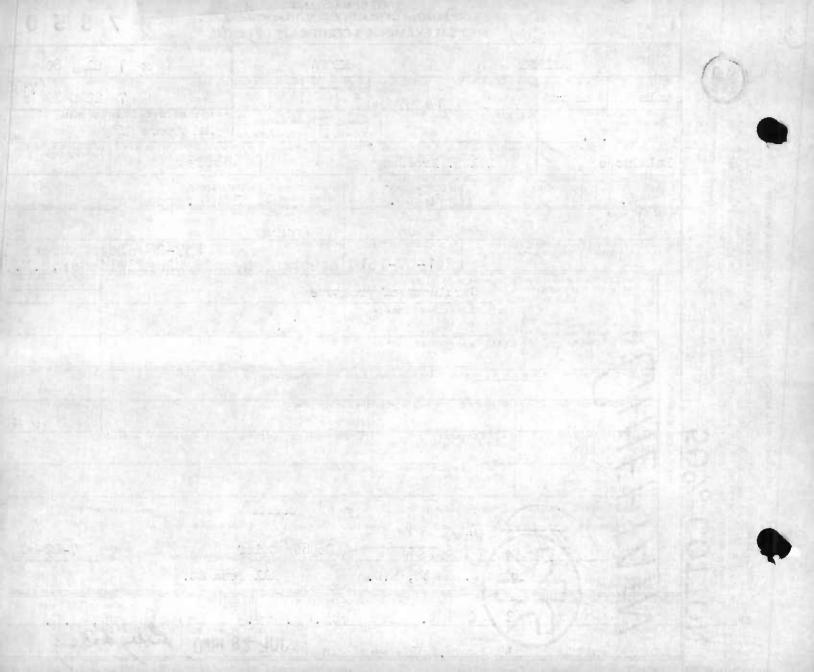
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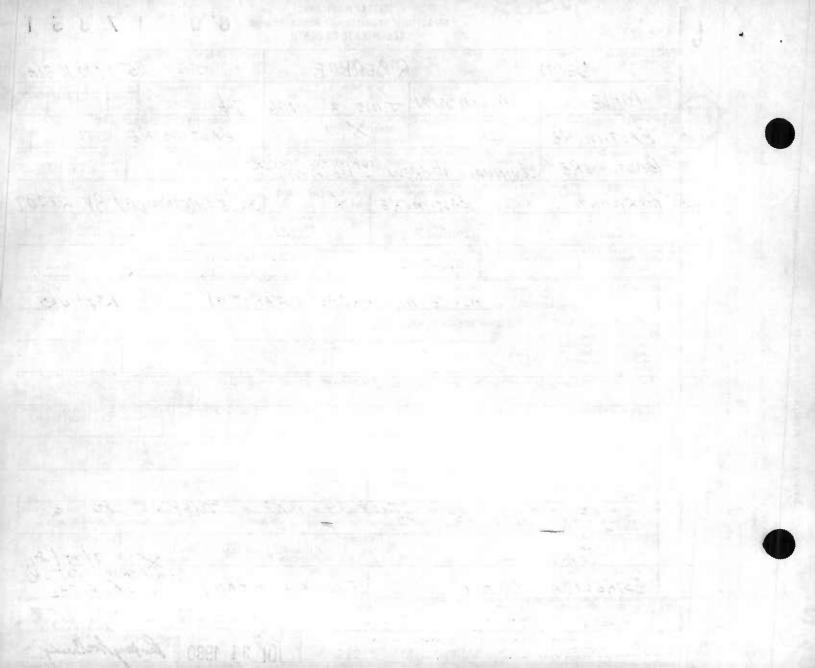
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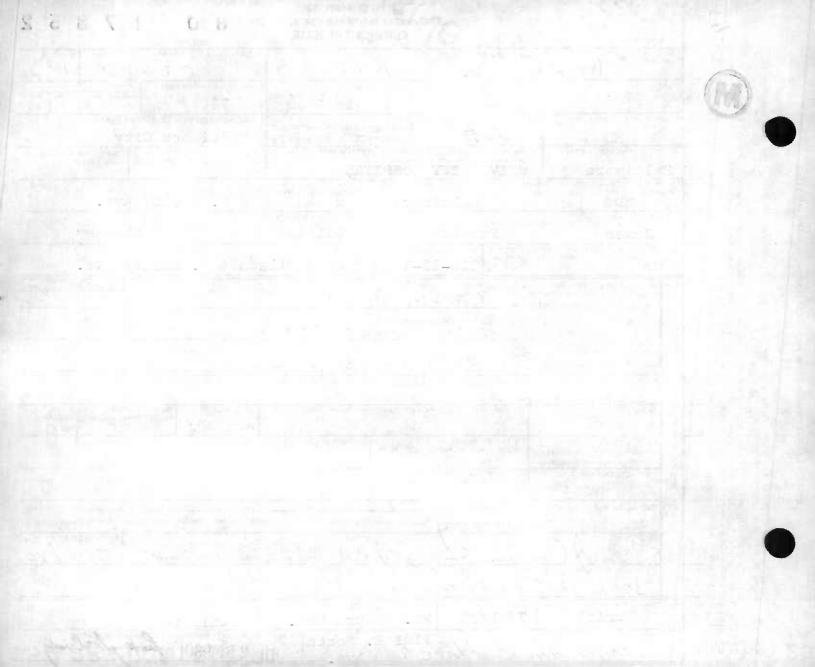
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SCORES, 301 W		ty or town		11. NAME OF HOSP (IF NOT INSUCHEAC	PITAL, NURSING HOM LUTY, GIVE STREET ADDRESS) N. Broadwa	E, OR OTH	ER INSTITUTION	12a USUA FOR MC	LOCCUPATION (DET OF WORKING LIFE)	TYPE OF WORK	OR I	D OF BUSI	
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17 (5))	(8	URIAL, CREMA PECIFY) BUT UNERAL DIRECT NAME		7/27/80 ADDRESS			eth.Ch.Ce	REC'D. BY R	EGISTRAR ME	thto	SINATU	STATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR HARLES (TYPE OR PRINT) 1180 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR DAYS HOURS O'S Black Made TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Baltimore City, Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Provident Hospital Tuneral Direc. INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1652 APPRESS Appleton Street 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland YES TO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Sadie Laws Rice Samuel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213-05-8874 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Estelle Rice 1652 N. Appleton St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CAROLO RRESPIRATORY IMMEDIATE CAUSE (0) crepro vasaslar Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF Sclero underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 220 | certify that (1) (his hospital attended the deceased from. saw the deceased alive on O , and that in (my four) a inian death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME 228 ADDRE MIKANDA MOLBITAC 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Arbutus 8-4-80 Arbutus Mem. Pk. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 CHARLES A. RICE P.A. 1300 Eutaw PL. (VRA 15 (4))

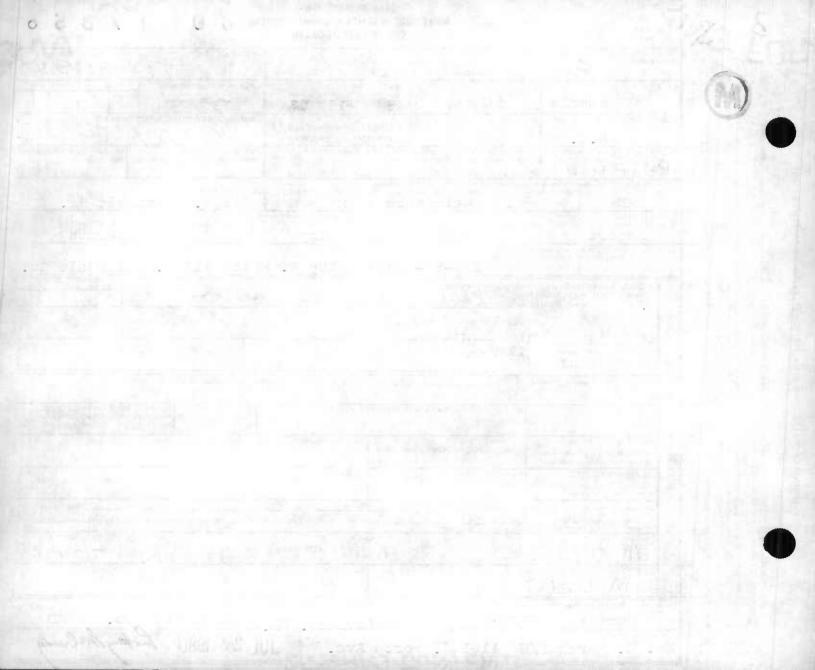
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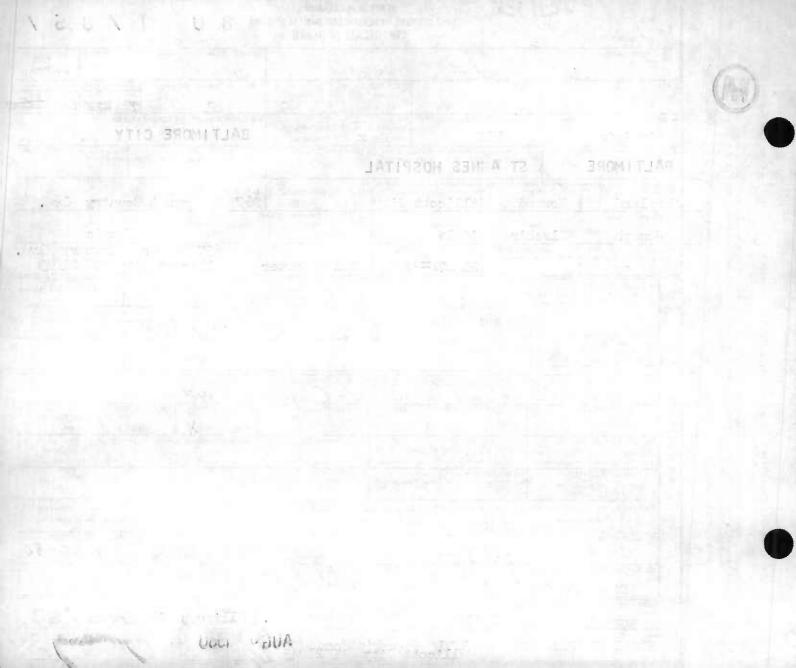
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8 9	3. SE)	(4 RACE		5. DATE O		6 AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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MAR will be wi	T	roy	AIDDLE	Rich		Delia	WIDDIE		Peters	
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BALTIMORE, cote be execu- ysician and cr ypers. Pages in value, it, the medical	(1	es, no or unknown) (if yes, give	WAR OR DATES)	243-05-	8685	Elizabeth R	ich 137	Winters	Lane	
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+ 4 do 6		PART I. DEATH WAS CAUSED	BY:	a Ca	rde	ue assest			3	4days
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AL OR A. the hospital DIRECtoched detoched one Dept.		22b. SIGNATURE A · Ma	thew			DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF ICIAN 10	224. DATE	SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL E should be detoined with the Stote E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS				
00 BP	23s. E	Burial, cremation, removal Burial	23b. DATE 7/1			cemetery or Crematory ore Cemetery	23d LOCATION CITY OR TOWN Laural			ryland
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR Vm. C. March F. F	I. 1101	L E. Nort	h Av	1 1111	E REC'D. BY REGISTRA	R 25b. B. SISTR	AR'S SYSNAY	RE

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JT: If Ite		226. SIGNATURE	elins	k	direct degril.	1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		22c. DATE	SIGNED	50
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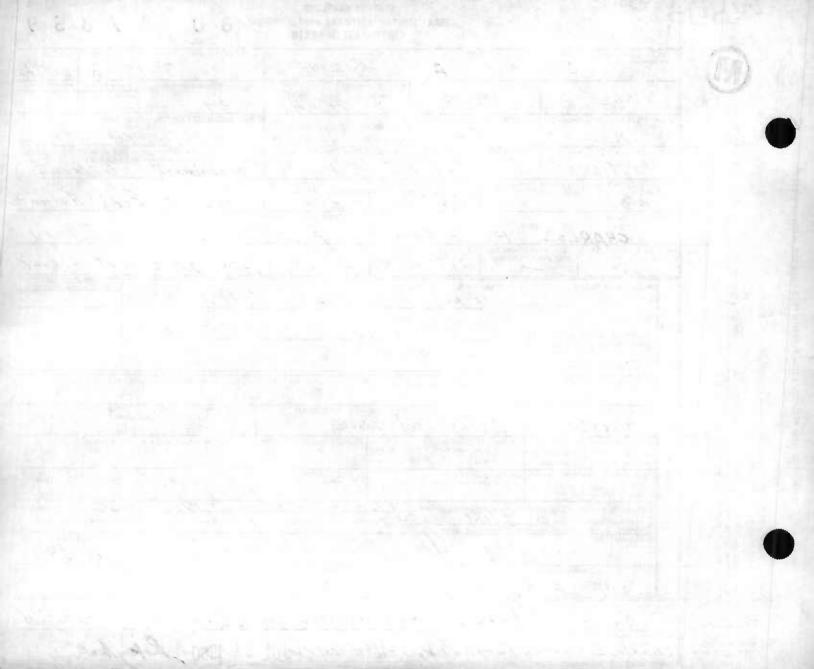
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E. FORTH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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law requires that the death been signed by the attendin t. Then please remove carbo rior to burial, cremation, or s any injury, or other traum	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) NDITIONS CONTRIBUTIN	UNO CANCER	MINAL DISEASE OR CON	DITION GIVEN IN PART I (0)
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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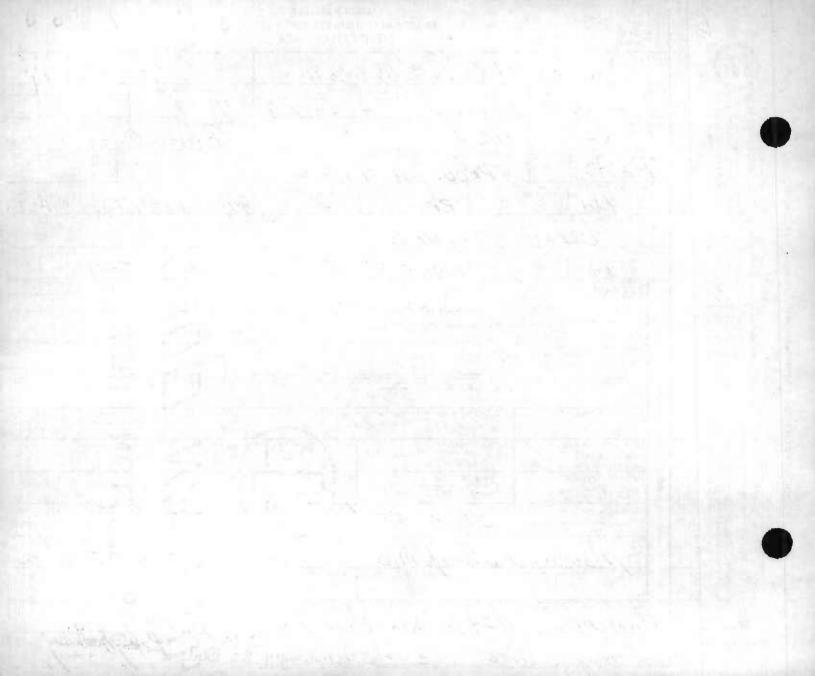
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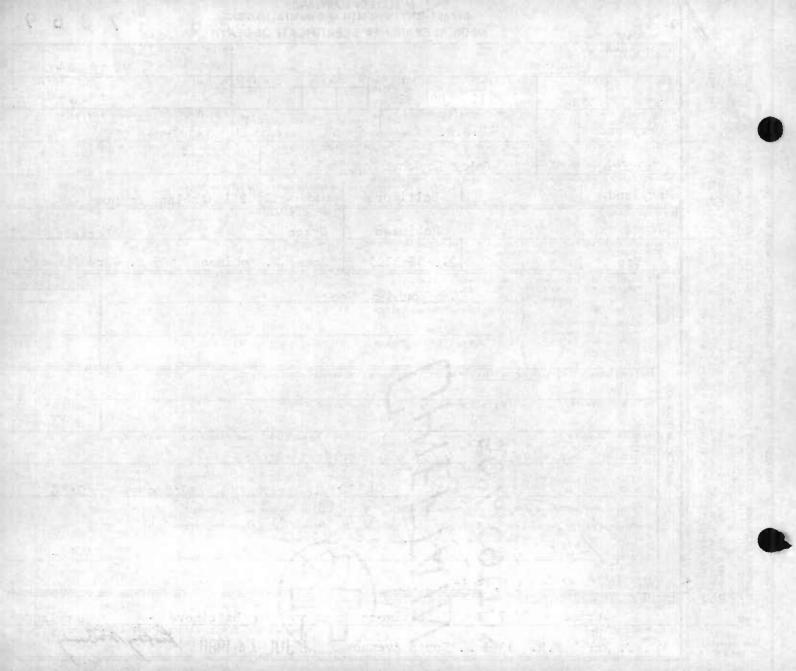
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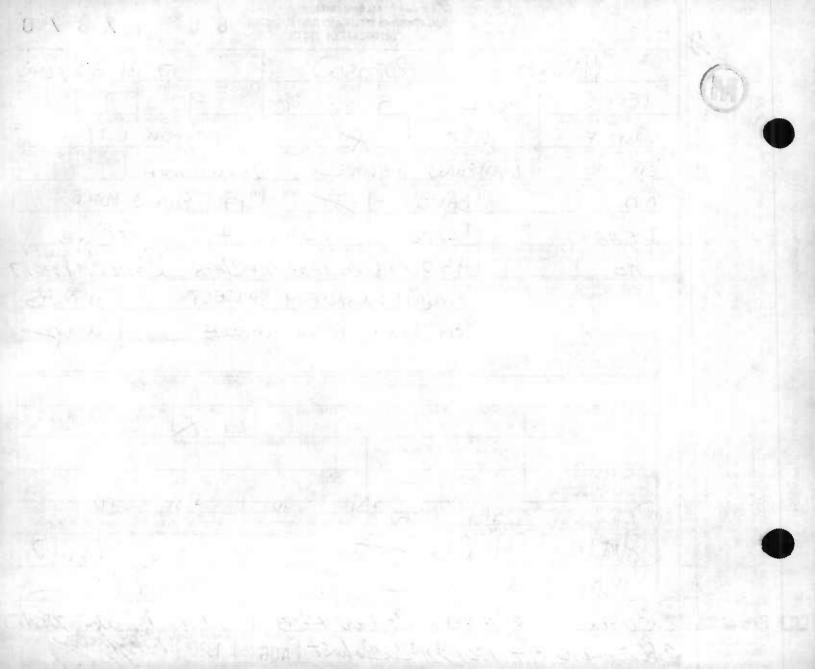
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16	O. WAS	DECEASED O. OR UNKNOW Yes	EVER IN U.S. (IF YES, G	ARMED FO	RCES?	-	-58-37		Jam		. Rob	inson	ADDRES:	437		Stre	et
	18.	PARTIDEA -	DEATH (Enter TH WAS CAU IMMED if ony, who	ISED BY:	SE (o)	Stab	Wound SEQUENCE		eck			•			BETY	APPROXIMATE WEEN ONSET	INTERVAL AND DEATH
		couse (a) st lying couse	to immediating the undilost.	er-	(c)		ISEQUENCE		E OR CONDITIO	IN GIVEN IN F	PART 1 (o).						
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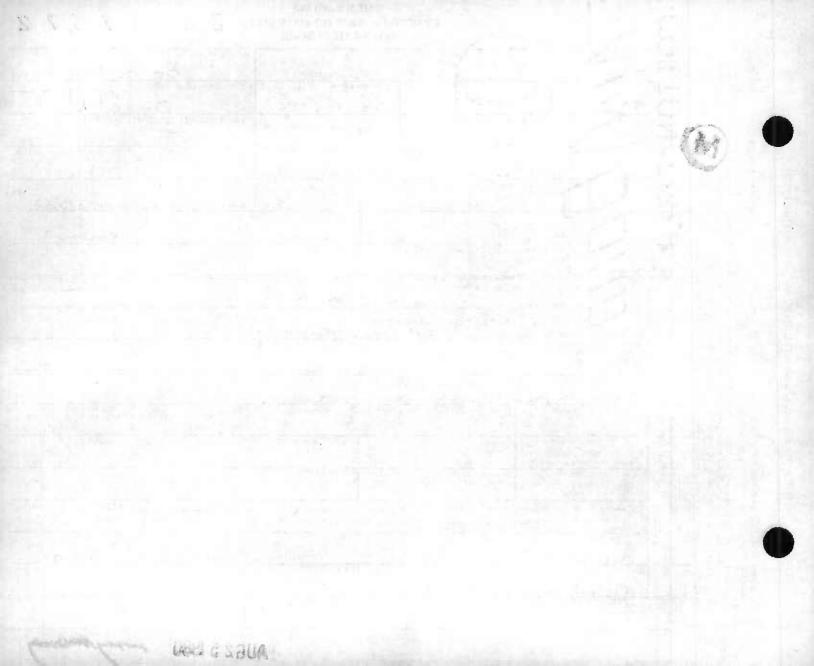
2	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	87
-	1 DI	CEASED NAME MARSA	et Robinson	20. DATE OF DEATH MONTH OAY	VEAR 25. HOUR 50 7: 206
y	3 56	FEMALE	S. DATE OF BIRTH MONTH DAY YEAR O O O O O O O O O O O O O	AGE IN YEARS LAST BIRTHDAY) IF UNDI	ER I YEAR IF UNDER 24 I
1		VINGTOLA	MARRIED NEVER MARRIED NOTICED	BAUMONE C	M
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dieal ex	4	LSAAC	LASTER IS MOTHER'S MAIDEN NAMED IN THE MOTHER	aret MIDDLE PA	2/Ge
t, the m		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) 11F YES, GIVE V	AED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT NO. 183-01-4888 Mrs PanelAL	ACLARK BALTO	Md212
atic even		18 CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSED IMMEDIATE		ARMEST	APPROXIMATE INTERVA BETWEEN ONSET AND DE
er traum		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF HEART F	FlunE	days
r, or other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		
ny injury.	N N	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART I(o)
ie swows	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		E FINDINGS USED CAUSES OF DEATH?
or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The time to the state of the time to the t	RED (ENTER NATURE OF HIJURY IN ITEM 18, PART) OR	
narked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COL	UNTY STATE
m 21 is n		22a Certify that (I) (this hospital sew the deceased alive on bove, (I) (we) (did) (did ndt)	7(3) 19 ond that in (my) (our) opinion of	to	rom the couses state
ANT: If Ite		No. SIGNATURE TO	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	7-31-PU
IMPORTANT:		224 PHYSICIAN'S NAME (TYPEOR)	A. WOH 220 ADDRESS LUTHU	an Hospinal	
N.	230	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 8/4/80 DARY Hell	23d. LOCATION CITY OFFICEN	Ue The
25M) 1/79	24 F	UNERAL DIRECTOR	HH 170, ADDRESS CO, Noh St 250. DATI	E REC'D. BY REGISTRAR 735 BEE IS HAR'S	Methody



/1		FOR			DEPA		HEALTH /	ARYLAND AND MENTAL	HYGIEN	5 n		~7	9 '	7 1
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l		lying cau			, OR AS A C	ONSEQUENCE	OF							
I	7	PART 2 OTHER SIG	GNIFICANT CONDITIONS	(c) Contributing to C	EATH BUT NOT	RELATED TO THE TER	MINAL DISEASE O	R CONDITION GIVEN IN	PART 1 (a).					
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1	MEDICAL CERTIFICATION	THE DAIL OF	O. LIKATION	178. CC	MONITOR	OK WINCH OPE	ATION WAS	PERFORMED?					Hea	d Only
1	ERT	21a. EXTERNA	L CAUSE WAS		E OF INJUR		21c. HOV	V INJURY OCCUR	RED (ENTER N	ATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PAR	YES X	NOL
1	ALC	UNDERLYING	OR NG CAUSE OF D			17H DAY YEA		ver of a	ito (fi	ved ab	iect	impe	ct	
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1		ACTUAL SIGNATURE _	Urgu	ua x	Volar		M.D	Assista	nt MEDI	CAL EXAMIN	ER	DATE	D 7/5	/80
	-	EXAMINER'S (TYPE OR PRIN	NAME VI	rginia	L. Do	lan, M.	D. AC	DRESS		111	Penn	Str	eet	
f	230.BL	JRIAL, CREMAT	TION, REMOVAL 2	3b. DATE	2	3c. NAME OF CE	METERY OR	REMATORY	23d. LOC	CATION		COUN	ITY	STATE
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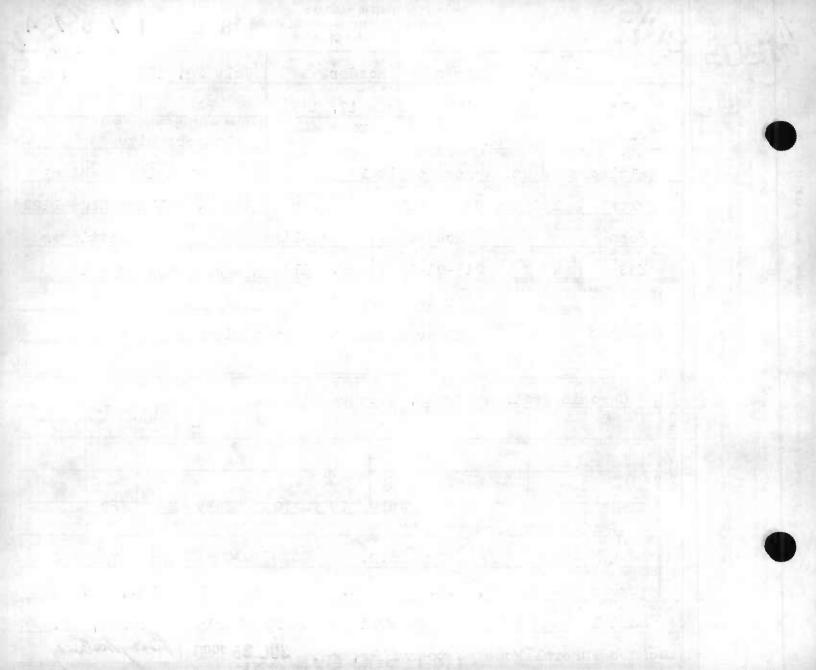
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4	1.	FOR - STATE REGISTRAR	kia S.		FICATE OF DEATH	0 0	. NO.	/ 8	12
		CEASED NAME FRST	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	25 HOUR
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3 D	3. SE	X	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
00		female	black	MONT		1 3	O YRS.	MONTHS DAYS	HOURS MIN
2		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
141		OUNTRY)	USA	WIDOW			tul		MD
1	_	ITY OR TOWN OF DEATH	11. NAME OF HOSPI		OR OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR
-131	Br	Simply		2 Cate Hos	poital	(TITE OF WORK FOR MO	ST OF WORKING (I	INDUSTRI	
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7 70	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDL		Pala Di	51
9 0		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	AD	DRESS	RODIT	5014
1 1		YES, NO OR UNKNOWN) (#FYES, GI	VE WAR OR DATES)					1.3000	
7 4		18 CAUSE OF DEATH (Enter of	only one couse per line fo					APPROX BETWEEN	ONSET AND DEATH
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aric aric		7798	DUE TO, OR AS A	CONSEQUENCE OF					
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o i		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIV	EN IN PART I	01
ar to bu	CERTIFICATION	Preumothar			17perkalem				
pria:	ICA.	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	1N CERTI	S, WERE FINDII FYING CAUSES	NGS USED OF DEATH?
shaws	RTIF					YES NO		s 🗌	NO 🗌
T S (21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NONTH DAY YEAR		CURRED (ENTER NATURE OF I	NJURY IN ITEM 18,	PART 1 OR PART 2)	
A Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJ	19	21f LOCATION				
olth and / marked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR	IOWN	COUNTY	STATE
s ma		22a.1 certify that (1) (this has	pital) attended the dece	ased from	. 19	, to		19	that (I) (we) lost
of H	l	sow the deceased alive a above, (1) (we) (did) (did)	n	19, o	nd that in (my) (our) opin	ion death accurred on th	e date and ha	ur and from the	couses stated
rept.		226. SIGNATURE	or the state of th		DEGREE			22c DATE	
- +		Michael Star	e Townon	5	ATTENDING PHYSICIAN		TAFF SICIAN	6/9	180
e State		22d PHYSICIAN'S NAME (TYPE			22e ADDRESS				
should be det with the State IMPORTANT:		Michael Stor	of Touch	(12					
N X	230.	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATO	RY 23d LOCATION			
	(SPECIFY)			name of the	CITY OR TOWN		COUNTY	STATE
OM 1/76	24 F	UNERAL DIRECTOR			25a.	DATE REC'D. BY REGISTR		TRAR'S SIGNA	TURE,
\ 1/76))		NAME		ADDRESS		AUG 2 5 198	0 /	the sale	-crossy



1 - FOR 1 - STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG ER'S CERTIFICATE OF D	SEASON U	7873
REGISTRAR 1. DECEASED NAME FIRST	MIDDLE	LAST LAST	20. DATE KNOWNX	MONTH DAY YEAR 26. HOUR
(TYPE OR PRINT)	Elizabeth	Rodgers	OF ESTI-	7 26 19 80
female black	MONTH DAY YEAR LAST BIRTHD.		IKS. Zt. DATE	монтн дау увая 264 мрия 7 26 19 80 12:25
70. BIRTHPLACE (STATE OR FOREIGN ODURITY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED [WIDOWED M DIVORCED	Baltimo	
Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT 14 SUCH FACILITY GIVE STREET ADDRESS) 1.330 N. Mount St.	U	USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOM	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS INTY		STREET ABBRESS Mou	nt St.
14. FATHER'S NAME	MIDDLE CAFTER	15. MOTHER'S MAIDEN NA	MIDDLE	Mackey
16a. WAS DECEASED EVER IN U.S. A (YES, NO. OR UNKNOWN) (IF YES, GI	NAMED FORCES? VE WAR OR DATES)	- George	Parter 12	16 W. Fayette St
Conditions, if ony, white gave rise to immedia cause (a) stating the underlying cause lost. PART 2 DTHER SIGNIFICANT CONDITIO	th te DUE TO, OR AS A CONSEQUENCE (b)	DF.		
190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR F DEATH P.M. 19	21c. HOW INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITEM 18 PAR	
TO CONTRIBUTING CAUSE O ON THE CONTRIBUTION CAUSE O ON THE CAUSE OF CAUSE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a. I certify that I took cha	rige of the remoins described obove, held an tural cause XX Accident , Sui	cide , Homicide , Ur TITLE (SPECIFY) Assistant	X Inquiry , ond ndetermined manner ,	DATE 7/26/80
EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL	Hormez R. Guard, MD			
EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION REMOVAL		ADDRES 11 Penn	St. Baltimore	Rqty MD

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME O. DATE KNOWN DO MONTH 26. HOUR (TYPE OR PRINT) ESTI-SHANTAY) ROGERS CHANTAY 80 DEATH MATED 19 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE PRONOUNCED 3 28 80 1.80 female DEAD negro YRS 16. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA MD WIDOWED DIVORCED 2, AND 3 TO THE FI.
3. RETAIN PAGE 5
SHOULD BE FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 956 N. Collington Ave. Baltimore USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 956 N. Collington Avenue 13e. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD Baltimore YES X NO 1 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Danta Trent Michelle Rogers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SIT PERMIT, PAGES I HYGIENE, DIVISION YES, NO, OR UNKNOWN) N/A Walter Green 956 N. Collington Ave No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES A NO VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT C 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on DIRECT WITH death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL 7-22-80 DATE Assistant SIGNATURE MEDICAL EXAMINER Ann M. Dixon, M.D. Ill Penn St. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/25/80 Cedar Hill Cem. Baltimore Co. MD 250. DATE REC'D. BY REGISTRAR 256. REGIST AR'S SIGNAS URE 24. FUNERAL DIRECTOR DHMH - 17 1101 E. North Ave. (VR A15 ME (5)) Wm. C. March F/H 15M 7/77

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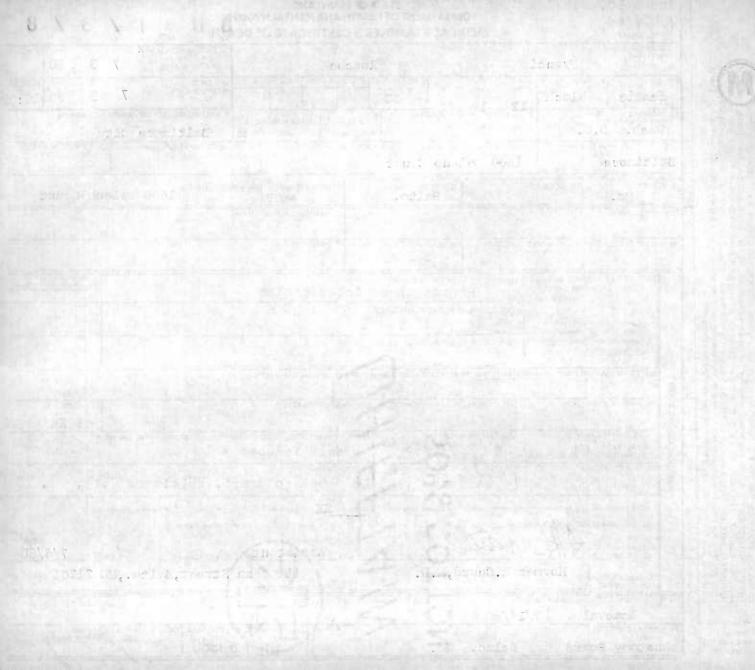
9	1	FOR • STATE	DEPAR	STATE OF MARYLA	MENTAL HYGIEN	8 0	1	7 8	7
7		REGISTRAR	SELECTION OF THE OWNER.	CERTIFICATE OF D	RAIM	REG. N	0.		
la 4.	I. DE	CEASED NAME FIRST	MIDDLE	LAST	2a.	DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
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age 4 lite	3 SE	MAKE	WhITE	S DATE OF BIRTH	- 25	IGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS M
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ompletely and 2 shou)4. F.	ATHER'S NAME ATHER'S NAME AND MICH.	POMA		MAIDEN NAME	A MODIE	Di	mm	DSK.
be exemple and colored the me		WAS DECEASED EVER IN U.S. ARME YES, NOORUNKNOWN IN YES, GIVE WA		CURITY NO 17 INFORMA 4-8744 FRAN	PLES I	POMAR)	iss 3	49	67
es that the death certificate d by the attending physiciar ase remove carbon papers. F ial, cremation, or removal. y, or other traumatic event,		PART I DEATH (Enter only of PART I DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost.	CAUSE (0) RENAL F. DUE TO, OR AS A CONSECUTION OF A CONSE	AILURE DUENCE OF ATIC CARCINOM DUENCE OF	A			BETWEEN	OBSET AND DE
ne law requires to seen signed by nit. Then please prior to burial, two any injury, (CERTIFICATION	PART 2 OTHER SIGNIFICANT CON		O DEATH BUT NOT RELATED		L DISEASE OR CON		EN IN PART 10	
Cian. Cian. Fricate has to not permit. Hygiene prim 18 shows	RTIFIC		101.			YES NO K	YE	FYING CAUSES	OF DEATH?
PHYSICIA ng physicia this certific urial-transi Mental Hy		21R. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	JURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, I	PART 1 OR PART 2)	
DING PH ttending After thi s the buri th and M marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC 21f LOCATIO STREET	ĎN.	CITY OF TO	WN	COUNTY	STATE
or all or		220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did nat) v	7-18	00	19_80 (aur) apinion deat	to 7-18 h occurred an the d	ote and hou		that (I) (we)
by the hospital by the hospital by the hospital ERAL DIRECT e detached for u State Dept. of I ANT: If Item 2		22b. SIGNATURE	fun-i		PHYSICIAN 🗌 DI	NEDICAL STA	IAN 9		SIGNED
TO HOSPITAL S retained by the ho TO FUNERAL DI should be detache with the State Det IMPORTANT: If		228. PHYSICIAN'S NAME (TYPE OR PR M.L. BIJPUR	IA, M.D.	22# ADDRES	ORTH BROA	HOSPITAL DWAY, BAL	CORPO TIMOR	RATION E, MARY	LAND 2
BP				PAKHAWR (EMATORY EM	CITY OF TOWN	0	COUNTY	SIAIL
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	PASORBS	Inc 5 Che	JUL 2	1 1980	25b. R5G IS1	RAR'S SIGNA	URE

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1	FOR STATE	ALC: N		OF HEALTH AND MENTA	54	17	8 7	7
1.0	REGISTRAR DECEASED NAME FIR			MINER'S CERTIFICAT	E OF DEATH	REG. NO.		
	TVDE OD BOILEY		WIDDLE	LAST	2a DATE KNO	MN MONTH	DAY YEAR	26. HOUR
	Ang		LUIS	Romero	DEATH MA	TED 7	6 1980	M
S	SEX 4 RACE	5. DATE OF	BIRTH 6. AGI	(IN YEARS IF UNDER 1 YR. IF UNBIRTHDAY) MONTHS DAYS HOUR	NDER 24 HRS. 2c. DATE	MONTH	DAY YEAR	2d HOUR 2:07
_	ale Black		Service of the servic	4 YRS.	DEAD	7	6 19 80	AM
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED 9. BALTIMORE	CITY OR COUNTY	Y OF DEATH	
30	MERTO RICO		1911			ltimore C	lity.	MD.
0.	CITY OR TOWN OF DEATH		OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORKING	ON TYPE OF WORK	OR INDUSTR	SINESS
	Baltimore	1	Church Hosp:	ital	TOK NOST OF WORKING	twe)	NIVERI	RV
USI 3a.	UAL RESIDENCE (IF IN NURSING IN	OME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE	NDMISSION) WN 13d. INSIDE CITY LIMI	TS2 13e STREET ADDRESS			
	171)	346.10.	MITPDLL		日ナンコンルル	MASHTUR	RDZIO	100
4	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S M	AIDEN NAME		LAST	
(ELIGED		RUYER		ODORA	·u	NK	
160	WAS DECEASED EVER IN U.S	ARMED FORCE				DDRESS		
	No		VA	K BARBAK	A SAMONTE	SAME	AS A1	301/6
	18 CAUSE OF DEATH (Ent	er anly ane cause	per line far (a), (b), and (c				APPROXIMATE BETWEEN ONSET	INTERVAL
	PART I DEATH WAS CA	USED BY: EDIATE CAUSE (o	Stab wo	ound to chest			SET TREETY ON SET	DENIA
	1966-		TO, OR AS A CONSEQUE	NCE OF				170043
	Canditians, if any, w)				100	
	cause (a) stating the <u>ur</u> lying cause last.	DUE	TO, OR AS A CONSEQUE	NCE OF				1,774
		(c						1000
z	PART 2 OTHER SIGNIFICANT CONOI	TIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a).			
TIO	19a DATE OF OPERATION	1106	CONDITION FOR WHICH	OPERATION WAS PERFORMED?			las internacion	
FICA		170.	CO. DITION FOR WHICH	OF ERATION WAS PERFORMED?			20. AUTOPSY?	
ERTI	21g. EXTERNAL CAUSE WA	S 21h	TIME OF INJURY	214 HOW INTURY COOK	JRRED (ENTER NATURE OF INJURY IN	LITEM 18 BART LOS COM	YES 🔀	NO []
MEDICAL CERTIFICATION	UNDERLYING OR	НО	UR A.M. MONTH DAY	YEAR		THEM IS PART TOR PART	2)	
COLC	CONTRIBUTING CAUSE	21e	PLACE OF INJURY (ATHO	980 Subject st	apped			
ME	WHILE NOT WHILE	STI	REET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUN	NTY	STATE
	AT WORK AT WORK		street	Pratt & Ann	Sts., Baltimo	ore		Md.
	22a certify that I taak o	harge of the rem	ains described above, held		ectian , Inquiry	, and in my apir	nian	
	death resulted fram:	Natural causes	, Accident ,	Suicide . Hamicide	Undetermined manner			
	TACTUAL 11.	y	n-n	TITLE (SPECIF)				
	SIGNATURE JUGE	wa Lh	John	M.D. Assist	ant_MEDICAL EXAMINER	DATE SIGNED	7/6/80)
	EXAMINER'S NAME							
1	(TYPE OR PRINT)	Virgini.	a L. Dolan,	M. D. ADDRESS		Penn Str	eet	
3a.	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME C	F CEMETERY OR CREMATORY	238 LOCATION CITY OR TOWN	COUNT		
-	BREMOVAL	July	8,1950 CEME	NTERTO MUNIC	IPAL AMELIA	GUAYNA	ting free	
24	FUNERAL DIRECTOR	/_	ADDRESS	25a. D/		b. REGISTRAR'S SK	GNATURE	
(DANELLY I-41	18 TUBBE	SME 300M	ACE HUE .	JUL 1 5 1980			

PART CONTRACTOR OF THE CONTRACTOR electrons and description of the constitution 3, 1, THE STREET WITHOUT STREET OF THE STREET STREET, STREET E TOLK BEET THE THE PERSON TO STORE THE STORE OF THE radints statical to the state of the the state of the s CALL STATE COMPANY OF THE TANK OF THE PROPERTY OF THE STATE OF THE STA

	FOR STATE dad REGISTRAR DECEASED NAME	FIRST			MENT OF I	ER'S CE			DEAT		REG. NO		\ \bar{b}	YEAR
	TYPE OR PRINT)	Francis	3			Rosco				OF	ESTI- MATED	_	3	19 8
3. 3	female 4 RA	black "	DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS		F UNDER 24	HRS. 2c.	DATE NOUNC DEAD		монтн 7	DAY 3	19 YE
70	BIRTHPLACE ISTATE OF		CITIZEN OF WH	AT COUN	ITRY?	2	D NEVE	ER MARRIED DIVORCED			timor	_		
	city or town of di altimore	EATH 11.	NAME OF HOSE (IF NOT IN SUCH FACE 1600 De	ITAL, NUI Lano	RSING HOME TREET ADDRESS)				20 USUAL		ATION (TYP		112b. KI	IND ÓF R INDU
	UAL RESIDENCE (IF IN N STATE Md.	13b. COUNTY	HER INSTITUTION, GIV	13c. CITY	BEFORE ADMISSION OR TOWN		3d INSIDE CITY	LIMITS? II	3e STREET	ADDRES	s 1600	De]	Lano	Cot
14.	FATHER'S NAME FIRST	W	DOLE		LAST	1	5. MOTHER	'S MAIDEN	NAME	MID				LAST
160	. WAS DECEASED EVE (YES, NO, OR UNKNOWN)	R IN U.S. ARMED		16b. SOC	IAL SECURITY	(NO. 1	7. INFORMA	ANT			ADDRESS	5		
/	18. CAUSE OF DEA													APPROXIA
NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTI		UT NOT RELA	TEO TO THE TERMI	NAL OISEASE O) (a).					
) V	190. DATE OF OPER	RATION	196. CONDITI	ION FOR	WHICH OPER.	ATION WAS	S PERFORM	ED?					4	YES X
AL CEPTIEICATION	21a. EXTERNAL CAI UNDERLYING CONTRIBUTING	OR	21b. TIME OF HOUR A.M.		PAY YEAR		winjuryo self :			IRE OF INJUI	RY IN ITEM 18	PART 1 OR P		TEO X
MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.). at home 21f. LOCATION 1600 Delano Court (TY OR JOWN) Baltimore								ore 9	ounty 01ty	7 , P		
3	22e. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Hormo		Accident	, Sui		Hamicid	CIFY)	Undeterm MEDICA	L EXAMI	ner .	DATE SIGN	ED	7
1			VATE	123c N	NAME OF CEA			y I	23d, LOCA	TION				
230	BURIAL, CREMATION			250.	.,	LIERT ON			CITY OR T	NWO		CO	UNTY	
	BURIAL, CREMATION (SPECIFY) Remova FUNERAL DIRECTOR		14/80	250.1		LIERT ON		e. DATE REC	CITY OR T	OWN	25b. REG I			TURE

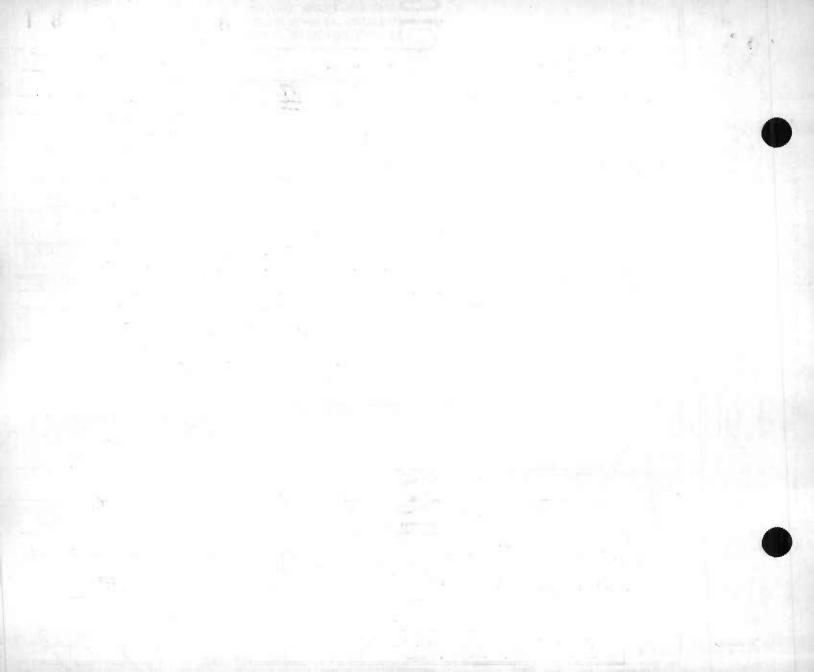


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7		EASED NAME FIRST	MIC	DOLE	O LA	ST	24 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	(IIIre)	meet		2	Ro	senberg	7-1	5-82	/	75
	3 SEX	00	4 RACE		S DATE OF	BIRTH U	6. AGE JIN YEARS LAST BE		UNDER 1 YEAR	HOURS M
		M ALE	W	HITE	3	26-96	84	YRS.	MINS. DATS	HOURS M
00		NALIAN) ICOCOTA	76 CITIZEN OF W		MARRIED	□ NEVER MARRIED □	1 BALTIMORE CITY	OR COUNTY C	OF DEATH	
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21	IO CIT	Baltimore		OSPITAL, NURSIN FACILITY, GIVE STREET		OTHER INSTITUTION	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND O	
	LISTIA	L RESIDENCE (IF NURSING HOME OF	- keu,	NE RESIDENCE BEFOR			TAILOR		CLOT	HING
	13a 51		TY I	CITY OR TOW		134. INSIDE CITY LIMITS?	13. STREET ADDRESS	Sperke	Apt =	301#2
	4 FA	HER'S NAME				15 MOTHER'S MAIDEN NA	ME		37.	
00		UN KNOWN '	MIDDLE	ROSENBER	G	MOLLIE	MIDDLE		UNK	NOWN
	ée W	AS DECEASED EVER IN U.S. AR	WAR OR DATES!	SOCIAL SECU		17 INFORMANT MRS.	BERNICE AST	TOEN 8		NTED
t, the	NO		WAN ON OAILS)	218-01-	5590A	KHALX XXXXXXX	XXXXXXXXXX	X CT.	. #21	208
even		A CAUSE OF DEATH (Enter an	ly ane cause per li	ne far (a), (b), an	dichi A V E		44		APPROXI METWEEN C	MATE INTERVA
		PART I. DEATH WAS CAUSE	E CAUSE (a)	EPTIC	5140	CK			(D)	14
	5	486-		AS A CONSEOU					12	1.0
		Canditions, if any, which gave rise to immediate	(b)	NEUM	onu				10	44
	Н	cause (a), stating the underlying cause last.		AS A CONSEQUE	ENCEOF	CANTIA.			YR	2
		PART 2 OTHER SIGNIFICANT C	(c)				IN AL DISEASE OR CON	IDITION CIVE	I IN DART I	,
ny injury.		PROSTATIC	(A	TRIBUTING TO	DEATH BOTT	OF RELATED TO THE TERM	IN AL DISEASE ON COI	ADITION GIVE	THE PART THE	
ws ar	CERTIFICATION	TO DATE OF OPERATION	196 CONDITE	ON FOR WHICH	OPERATION	WAS PERFORMED	20e AUTOPSY?		WERE FINDIN	
1	Ĭ.						YES NO	YES	ING CAUSES	NO [
9	CER	71a, ACCIDENT WAS UNDERLYING	1 110110 4 44	MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PAR	T 1 OR PART 2)	
9	S	OR CONTRIBUTING CAUSE OF DEA	P.M.		19					
marked or	MEDICAL	214 INJURY OCCURRED	216 PLACE OF JAT HOME, STREE	INJURY	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK								
		220.1 certify that (1) (this haspit	and the same of th		10-2	19 14				that (1) (me
		saw the deceased alive an abave (I) (we) (did (did na	t) view the bady of	ter death.		that in my (aur) apinian (geoth occurred an the c	tate and haur		
		226 SIGNATURE			/ ~	EGREE ATTENDING	MEDICAL STA	FF	224 DATE	SIGNED
	A	caul tus	eh-		an	> PHYSICIAN		CIAN 3	1-1	2 - 10
\rightarrow		774. PHYSICIAN'S NAME (TYPE OF			35	22e ADDRESS	×4001			
			X X		100	CEVINTACE	1705/			
I		MARCON RO					The state of the s			
1		URIAL, CREMATION, REMOVAL BURIAL) 23c 1	OR BAND	METERY OR CREMATORY	234 LOCATION ROSEWAL	E B	PYTTO.	STATE
	23a BU		7/17/80) F	ORBAND	INC.	23d. LOCATION ROSEDAL E REC'D. BY REGISTRAI		CLTO.	STATE

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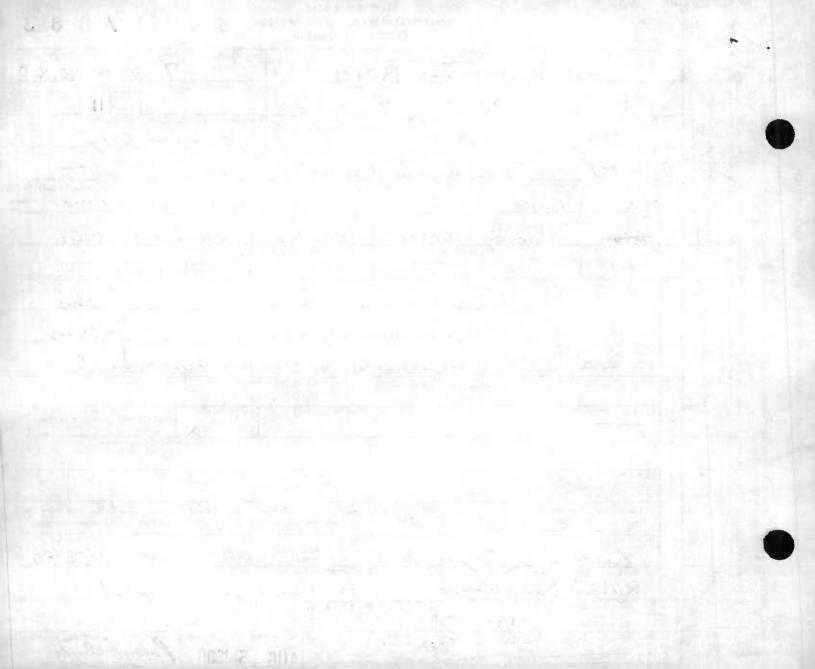
Si	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENT		REG. NO	0.	13	8 0
		CEASED NAME FIRST		MIDDLE	l.	AST	20			DAY YEAR	26 HOUR
may be page 3 er death	(1117)	ROSALIN	E	R.	ROS	ENBERG			07	24 80	AM
moy pog	3 SE		4. RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER 24 HRS
age 4		FEMALE	WHIT	E	01	14	10	70) YRS	MONTHS DAYS	HOURS MIN
g i g g .		IRTHPLACE ISTATE OR FOREIGN	7h CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARR	0.1	BALTIMORE CITY O	1110	Y OF DEATH	
eath. In 72 h		IARYLAND	U.S.	Α.	WIDOWE			BALTIMOR	RE CT	ry	MD
with de de	10. €	ITY OR TOWN OF DEATH	11. NAME OF			R OTHER INSTITUTI		USUAL OCCUPATI	ON	12h KIND C	F BUSINESS OR
by 11 led	E	ALTIMORE			VOOD ROA	D		REGISTERE		NURS	ING
212 d in be it be	USU 13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION	GIVE RESIDENCE	SEFORE ADMISSION)	13d INSIDE CITY LI	IANITS2 112	STREET ADDRESS	NURSE		
AND 2 AND 2 Filled rould b)	MARYLAND -		BALTI		YES NO		1518 BURN	WOOD	ROAD	
AARYLA within pletely and 2 sh	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME	WIDDLE		Į AS	S.T
MA Med v		WILLIAM		ROSEI	NBERG	REBEC	CCA			PERSTE	
MORE, and co Pages I medical		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIALS	ECURITY NO.	17. INFORMANT		ADDRE	SSRICE	IMOND, V	JA.
و بُرِهَ فِ		NO		212-2	26-8186	BLILEY F	FUNERA1	L HOME 300) E. M	MARSHAL	ST.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS				/	_			BETWEEN	IMATE INTERVAL ONSET AND DEATH
ST., ertific panp remo	1		TE CAUSE (0)	1 RTER	10 50 les	STIC HE	curl di	sand		80	IR 5.
ON th ce corb		4/40	DUE TO, O	R AS A CONSI	QUENCE OF						
dea dea atte		Conditions, if any, which gove rise to immediate	(b)								
V. P. the	1	couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF									
ot at			(Ic)								•
requires that the death certificate is signed by the attending physici. Then please remove corbangoper in taburial, cremation, or removal.	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				THE TERMINA	L DISEASE OR CON	DITION GIV	VEN IN PART 1	01
BECO	CERTIFICATION	190 DATE OF OPERATION	19h. COND	CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	S, WERE FINDI	AGS USED	
The I The I cian.								YES NO		S 🗌	NO 🗌
VIT ANN: Hysic Hroats Hroats Hygel Hygel 18 st		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216 TIME O		DAY YEAR	21c HOW INJURY	OCCURRED	JENTER NATURE OF INJUI	RY IN ITEM 18, I	PART 1 OR PART 2)	
SICIAN: ng physing physical transfer of them 18 s	Š	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.		19						
PHY endire this of M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, STE	OF INJURY	FICE, FARM, ETC.]	211 LOCATION		CITY OR TOV	VN	COUNTY	STATE
NG att	1	AT WORK AT WORK									4
NOI or use Healing		220.1 certify that (I) (this hasp	/	1 20	2009 13		79	10 7/2	4		that (1) (we) last
R ATTE hospitch IRECTO hed for hed for fem 21	1	saw the deceased alive a above, (1) (we) talat (did n	ot) view the body				opinion deol	th occurred on the de	ate and hou		
0 . 0 .0		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN									SIGNED 14/80
SPIT.		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		11.00	22e ADDRESS					1
TO HOSPITAL TO FORESAL Should be deto with the State I		ALBERT J. HIM	ELFARB.	M.D.		2435 W	BELVI	EDERE AVEN	NUE		
2725 843 8	23o.	BURIAL, CREMATION, REMOVA			23¢ NAME OF C	EMETERY OR CREM		23d LOCATION		COUNTY	STATE
BP		MOVAL/BURIAL	07-27	-80	BETH-E	L CEMETER	RY	RICHMONE	HEN		IRGINIA
DHMH - 16 50M 1/76	24_F	UNERAL DIRECTOR BALT	O., MD.	ADDRES	s	21229	. 0	C'D. BY REGISTRAR	25b. PAGIS	RAR'S SIGNA	
(VR A 15 (4))	HU	BBARD FUNERAL	HOME, IN			IS AVE.	JUL 2	5 1980	-	7	7

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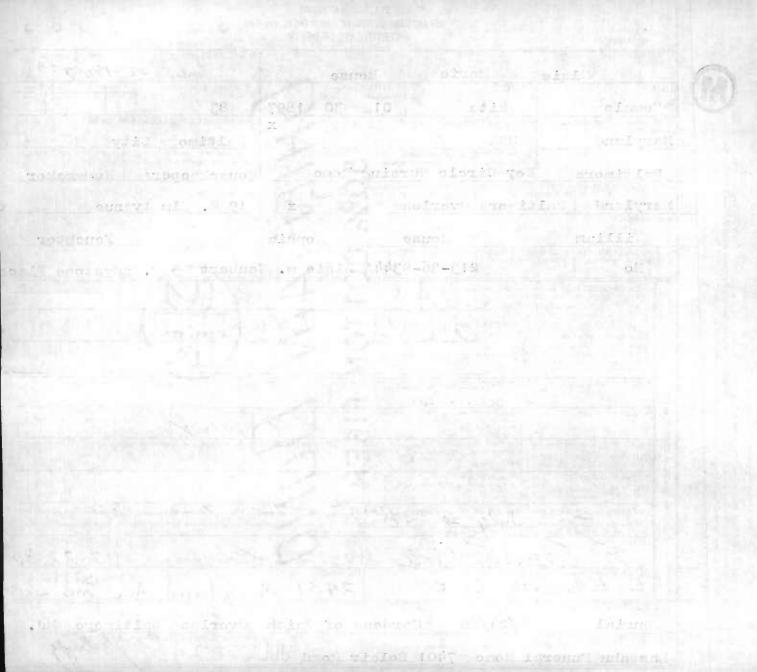


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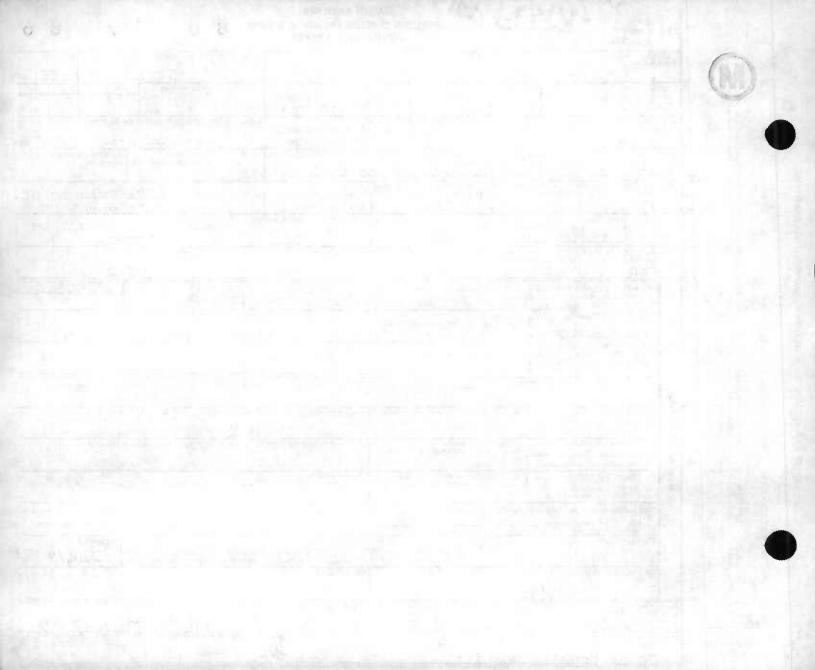
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 28 DATE OF DEATH MONTH 2b. HOUR LAUREN JILL (2) (TYPE OR PRINT) 80 30 IF UNDER 1 YEAR 3 SEX 4 RACE & AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 5 DATE OF BIRTH MONTH YEAR MONTHS HOURS EMALE HITE 80 70 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRYS 0 Saltimere WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 17h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Ja/to NONE NONE Johns Howkins USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) pavents addives 130 STATE 136 COUNTY 113c. CITY OR TOWN 13R STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTIMORE pt never at home 2009 Jolly Rose Ma Balto YES [NO B 14 FATHER'S NAME ALAN 15 MOTHER'S MAIDEN NAME LAST MIDDLE 20 Rlacher ROTH Harvey Cavelyn 4a. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO IT INFORMANT (YES, NO OR JINKNOWN) I (IF YES, GIVE WAR OR DATES) NU 21209 2009 JOLLY RD. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). PART I. DEATH WAS CAUSED BY N84ardiopulmonar IMMEDIATE CAUSE 101... DUE TO OR AS A CONSEQUENCE OF supraventucular tec Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause vival myocardets PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mental Hygiene per NO NO [YES [Item 18 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 214 INJURY OCCURRED 71R PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 80 Jul-30 80 22a I certify that (I) (this hospital) attended the deceased from. 80 saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN ☐ DIRECTOR ☐ PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S Richard David Kayne 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION 238 BURIAL, CREMATION, REMOVAL 23b. DATE S'MD BURIAL RANDALLSTOWN 7/31/80 BETH EL MEMORIAL PARK BP 24 FUNERAL DIRECTOR SOL LEVINSON & BROSS, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79 6010 REISTERSTOWN RD. BALTO VIIC



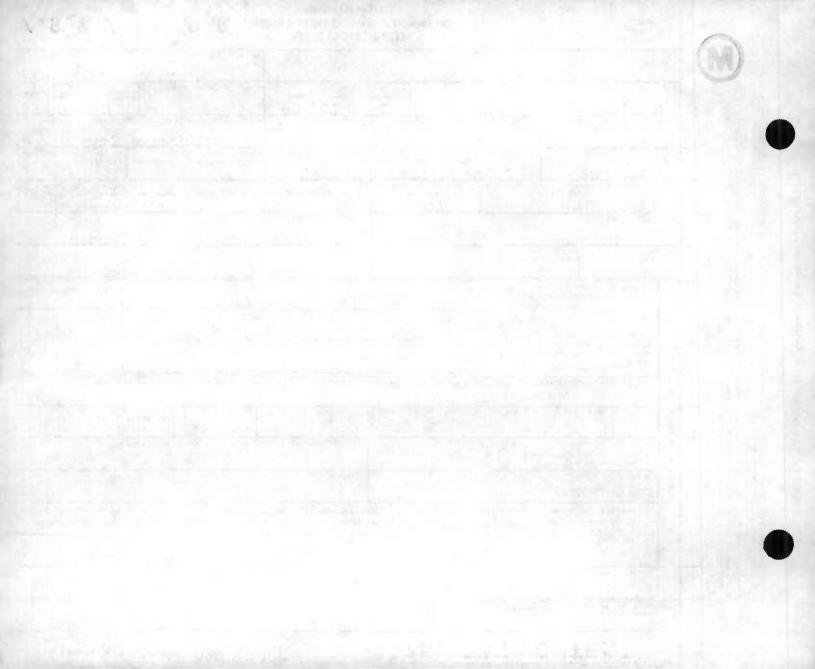
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Johns Hopkins Hospital

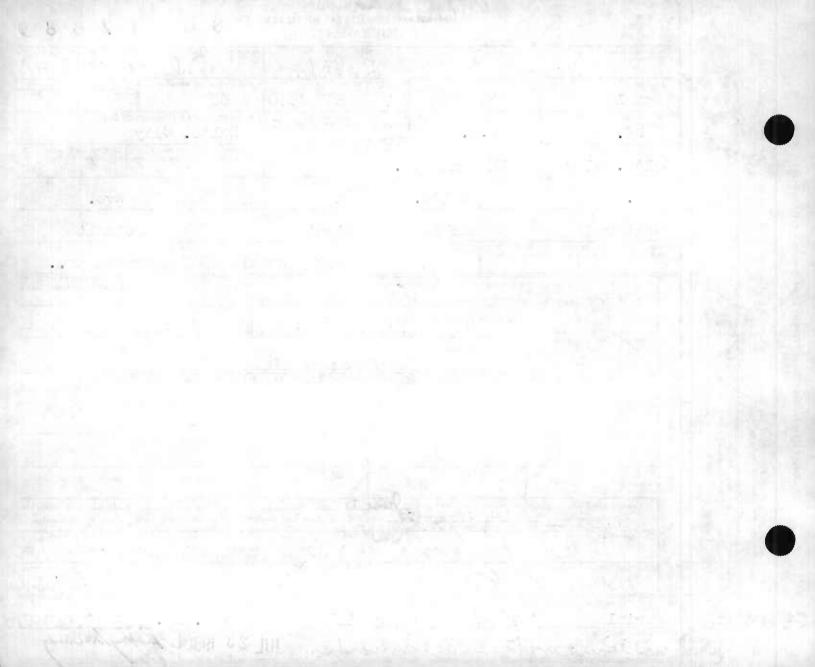


Johns Hopkins Hospital



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE Albert L DECEASED NAME 7e DATE OF DEATH MONTH Zh. HOUR Sr. Ruble. TYPE OR PRINT) 80 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR DAY DAYS MALE WHITE 10 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore City DIVORCED [WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Baltimore City Hospital Steel Worker Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk 7109 Holabird Avenue Maryland NO X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Russell Ruble Molly Porter ADDRES 7109 Holabird Ave. 14s WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) 213-07-1953 Bernice S. Ruble -Balto. MD 21222 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY FAND CARDIAL ARREST DUE TO, OR AS A CONSEQUENCE OF HYDOXIA if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 198 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 714 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE LAT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22s I certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an. __ and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS should be with the S PARKER CECIL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 BURIAL, CREMATION, REMOVAL CITY OR TOWN Baltimore, MD 7/25/80 Oak Lawn Cemetery Burial 756. DATE REC'D, BY REGISTRAR 154. COMPAR'S ACCOUNT. 24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS **DHMH-16 25M** (VRA 15. 4) 1/79 7922 Wise Avenue, Dundalk, MD 21222

WHITE 1 29 10 129 THE LONG PARKS AND THE PARKS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN 7b. HOUR (TYPE OR PRINT) ESTI-Robin DEATH MATED 12 80 Ruckman 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE DAY LAST BIRTHDAY) MONTHS PRONOUNCED Female White 61 19 80 05 12 10 19 DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Virginia USA DIVORCED WIDOWED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY Baltimore Johns Hopkins Hospital Hairdresser Belair Coiffu USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1131 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 8034 Highpoint Road Maryland Parkville YES [NO TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DIVISION OF VIT LAST Ruckman Virginia George B Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Hickman Village Est. 215-74-8256 B. Virginia Thoroughgood Laurel, Del. No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF onditions if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YESXIX NO [VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT CON PRIOR TO BURIA 216. TIME OF INJURY HOURXAXAK MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) A OR UNDERLYING MEDICAL 4:22P.M. CONTRIBUTING CAUSE OF DEATH 12 19 80 pedestrian struck by truck 21e PLACE OF INJURY III. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. 2 & Church St .. street Anne Arundel County. XX 22a. I certify that I taak charge of the Inspection OR DIRECT death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA Deputy Chiefedical EXAMINER 7-13-80 SIGNATUR EXAMINER'S NAME Thomas D. Smith, M.D. Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 7/15/80 Buria1 Lakeview Mem. Park Sykesville Carroll Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Lassahn Funeral Home R A15 ME (5) 7401 Belair Road 15M 7/77

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HUBBARD FUNERAL HOME 4107 WILKENS AVE.

(VR A 15 (4))

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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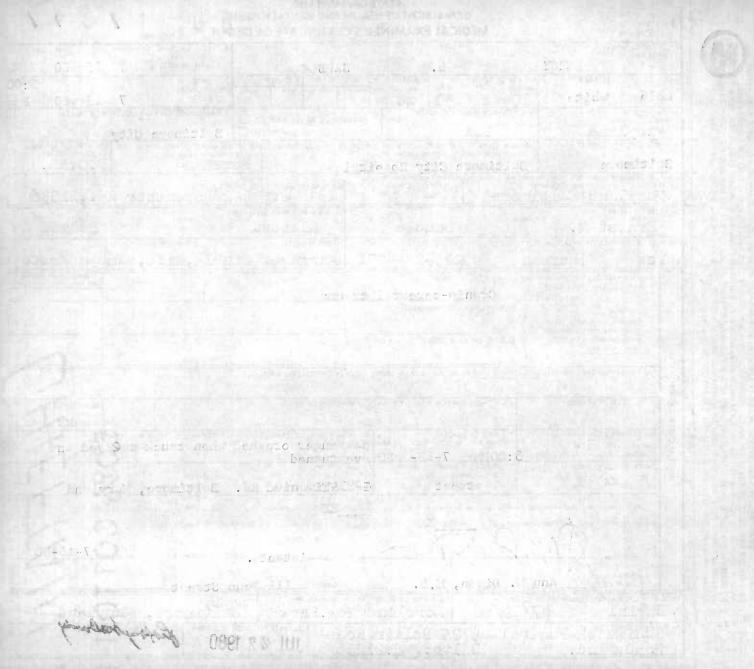
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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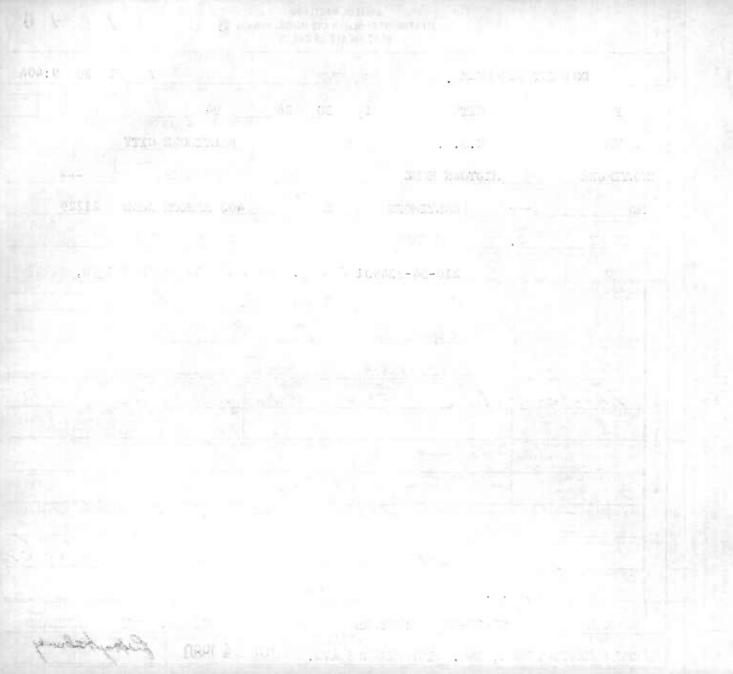
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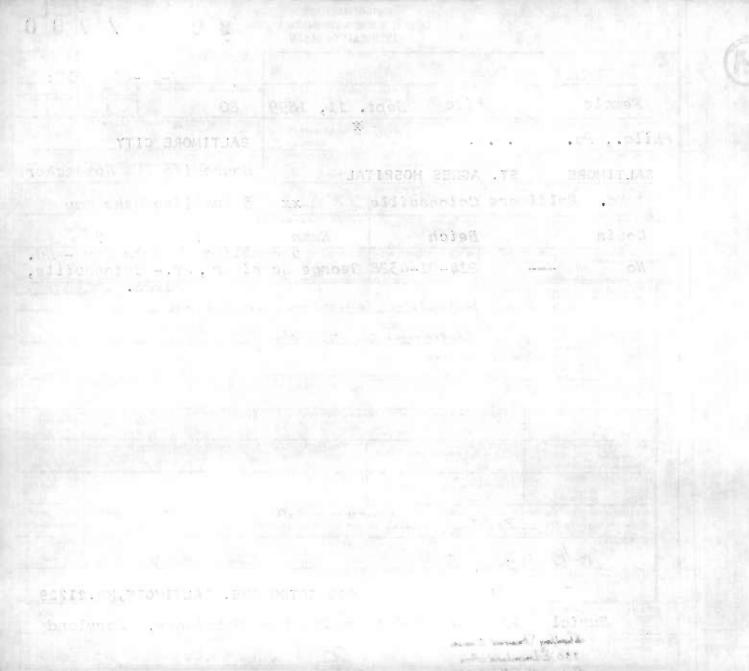
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6	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.										
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		278-1 certify that (1) (this hospital) attended the deceased fram 7-8-19-20, to 7-25-19-20, that (1) (we) lost saw the deceased alive an 7-2-3-19-20, and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated above, (1) (we) (did) (did not) view the bady after death.												
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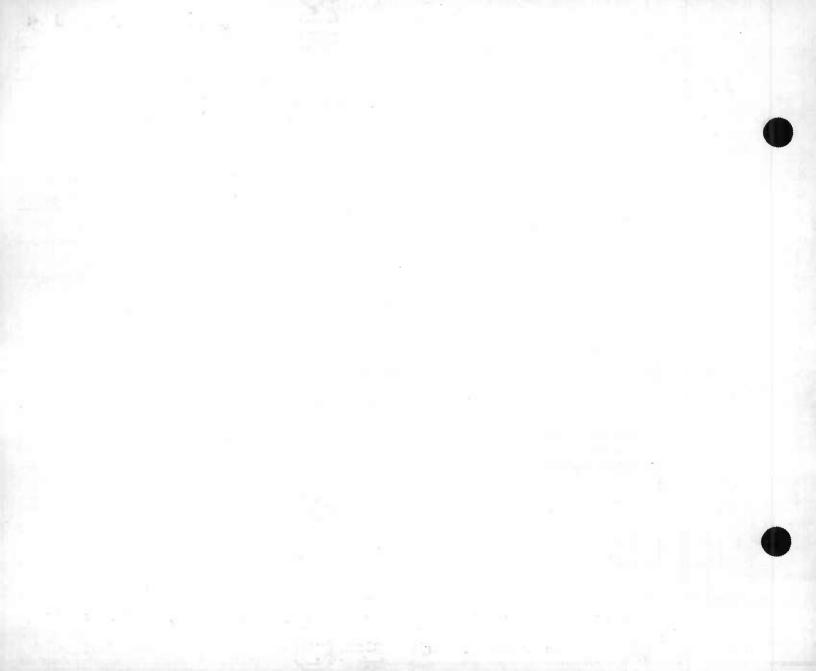
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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Poge medic		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR OATES)	SECURITY NO 17 INFORMANT 54-3741 Victor Solin	rist 8159	New Cut Rd
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beer mit prior	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
phys phys phys riffico rol Hy m 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED		DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJU	
or other After these of the colth and marked (ME	WHILE AT WORK AT WORK 22a I certify that (I) (This hospi	7/3/	rom 3/30/80 19	city or to	wn COUNTY STATE 1980, that (1) (we) to: lote and hour and from the couses stated
Al DIRECTO AL DIRECTO detoched fo ote Dept of IT: If them 2 I		226 SIGNATURE / B	- Churchy of the body of the death	DEGREE ATTENDING PHYSICIAN	G MEDICAL STA	221. DATE SIGNED
TO HOSPITAL retoined by the hos TO FUNERAL DIREC with the Stote Dept WHORIANT. If them		BARBARA A	R. CowiEY		MORE GENE	NA HISP. 30015. Hans
BP		Burial, Cremation, Removal Burial	7/29/80	Holy Cross Cem.	Brookly	
DHMH-16 20M (YRA 15, 4) 7/78	24 F	UNERAL DIRECTOR	ymond C. F.			256. REGISTRAR'S SIGNATURE Listory Mc Cready



	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 U	0.	7 9	0 5
	{TYPE		Marth	en)	Ohristian	Sch		20. DATE OF DEATH		8 80	26 HOUR
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gothled S		altimore	ATH		HOSPITAL, NURSIN		pital	Pump Oper L			of Business o
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2	160 V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 215 07 2		Florence G.	Schmidt, Wi		Same	
ent, me		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one couse pe DBY E CAUSE (o)		ardi	ac Aurest			APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH
any injury, or affer froumand	CERTIFICATION	gove rise to improve to the couse to the stoling underlying couse PART 2. OTHER SIGN	NIFICANT C	onditions C		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON		N IN PART 10	
9	RTIFIC	21g. ACCIDENT WAS UN	BERLUNIA	21b. TIME C				IN CERTIFYING CAUSES OF			NO _
1 9 mar	MEDICAL CI	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	TH HOUR A	.M. MONTH D .M.	AY YEAR		KED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2	
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7.4.1.5 mg		22a. I certify that (I) (this haspital) attended the deceased from 19 70 to 7/7 19 70 that (I) (we) sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.									
IT: If Item		22b. SIGNATURE	SIGNATURE DEGREE Palahod m O ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							22c. DATE	SIGNED 18788
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3		BURIAL, CREMATION,	REMOVAL	23b. DATE 2/21	/80 0		s of Faith Ce	23d. LOCATION CITY OR TOWN Ba	ltimor	OUNT	STATE STATE
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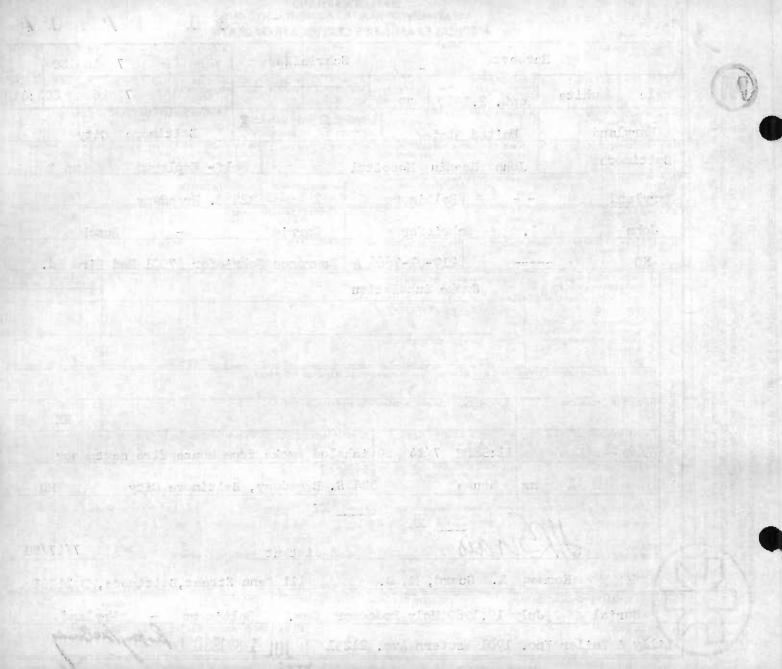
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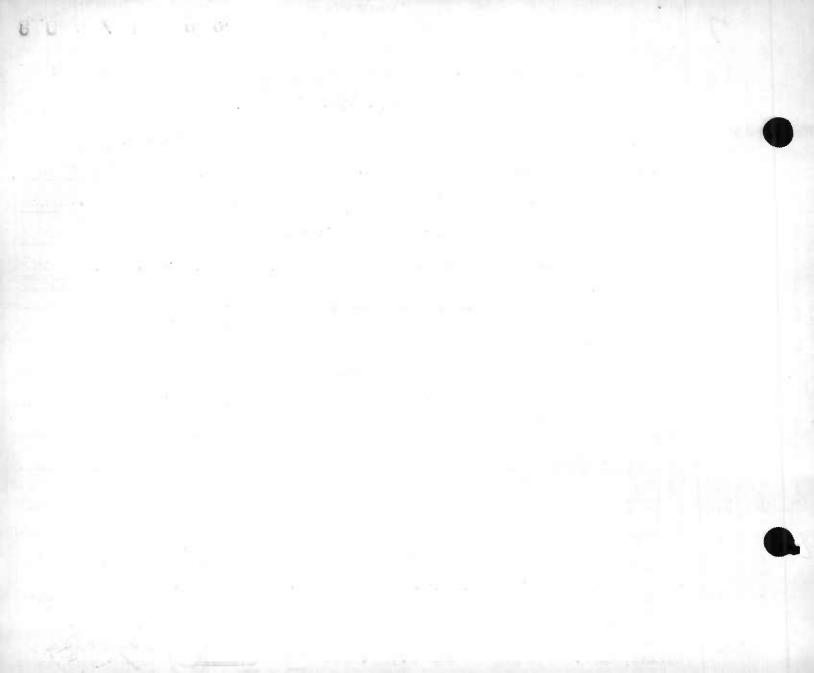
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2		REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE OF D	EATH U REC	, NO.	7	0 6
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9		EIGN COUNTRY)	in	usa		WIDOW	IED NEVER MARRIED		_		
		Y OR TOWN		11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	IER INSTITUTION 12a. I	USUAL OCCUPATION	(TYPE OF WORK	126. KIND (OF BUSINESS
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=		No	None		1214/66/	4346	Mr.Richard	L.Schne	ider (Fath	
		PART I DE	DEATH (Enter only ATH WAS CAUSED	y one cause per line	for (a), (b), and (c).) Cranio-cer	ehral	iniury			BETWEEN	XIMATE INTERVAL
		110	IMMEDIATI	E CAUSE (a)							
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ı		gave ris	e ta immediate	(b)							
		lying caus	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	E OF				7 19 19 8 COUNTY OF DEATH LITY WORK 12b. KIND OF IOR INDUS Elect: d LAST Mil Teal Dr r (Fathe BETWEEN ON 20 AUTOPS YES 1 1 OR PART 2) another at pacted tree annew Arunder any opinion DATE SIGNED 7-20	
1				(c)							
l		PART 2 OTNER SIG	INIFICANT CONDITIONS C	ONTRIBUTING TO OFATH	OUT NOT RELATED TO THE TO	ERMINAL DISEASI	E OR CONDITION GIVEN IN PART T (a).				
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	AED.	21d, INJURY O	CCURRED	21e PLACE C	OF INJURY (AT HOME,				MORE CITY OR COUNTY OF DEATH timore City UPATION (TYPE OF WORK DERING LIFE) St Electron RESS DOOD Road MILL ADDRESS Teal Dr. Phosider (Father) BETWEEN ONSET AN BETWEEN ONSET AN 120 AUTOPSY? YES APPROXIMATE INI BETWEEN ONSET AN 20 AUTOPSY? YES APPROXIMATE INI BETWEEN ONSET AN APPROXIMATE AN BETWEEN ONSET AN APPROXIMATE INI BETWEEN ONSET AN AND AND AND AND AND AND AND		
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1		SIGNATURE_	///	M Diago	MD		111 Pen		SIGNE	ED	
		EXAMINER'S I		n M. Dixo	ng M.D.			11 56.			
1 2	3e BI		ION/REMOVAL 23	IN DATE	23c. NAME OF C	EMETERY	ADDRESS	LOCATION			
1	{SP	ECIFY)						CITY OR TOWN		N N	Total State of
2		Urial NERAL DIREC		July 23,	BU Ced	ar ni	250. DATE REC'D.	BY REGISTRAD 1256 F	EGILLE	SIGNATURE	Md.
1		NAME	No Hors	ADDRESS TO 1 HOT	me Glen	Rurn	1111	22 1980	profes	7/10	ready
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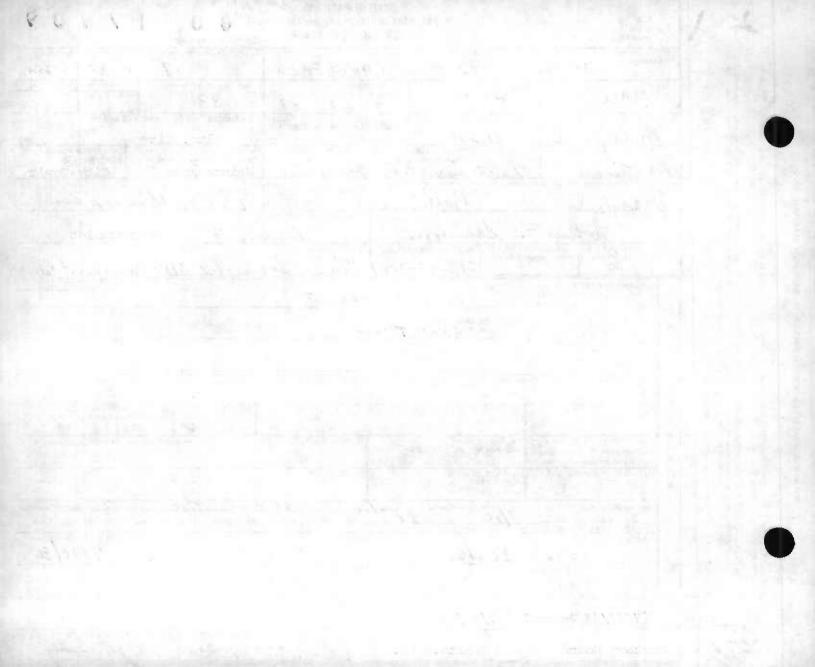
TO STORY OF THE ST Committee of the commit anner. Bones and the second second second second Lory 23, H. Celler Birth Loren in Proceedings St. 9.3. the hotograph well a some Trapant motof out

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIOOLE 20. DATE KNOWN A MONTH TYPE OR PRINT) Herbert Schriefer ESTI-16, 80 DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DAY DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED male white 2.1910 DEAD Sept. TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED T Maryland United States WIDOWED DIVORCED Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore 3. RETAIN PASHOULD BE Johns Hopkins Hospital Self- Employed Own ? USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13h COUNTY 13e. STREET ADDRESS Maryland Baltimore NO [Broadway 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME A PM MIDDLE MIDDLE LAST John Schriefer Carrie Busch DIVISION OF 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) PAGES 217-01-7666 A Lawrence Schriefer 7001 Red Bird 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PARTIDEATH WAS CAUSED BY: Smoke inhalation BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C YESXX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR MEDICAL 11:38PM inhaled smoke from house fire next door CONTRIBUTING CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME TIL LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK house 24 S. Broadway, Baltimore City MD 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion DIRECTOR Accident XX Hamicide ______ death resulted from: Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA ACTUAL 7/17/80 MaAssistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M, D. ADDRESS 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 19,1980 Holy Redeemer Baltimore Mryland Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REVISTRAR'S SCHAPERE **DHMH - 17** & Zeiler Inc. 1901 Eastern Ave. 21231 1980 VR A15 ME (5)) 15M 7/77



Home





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ids, zol W. PRESTON 51., requires that the death cert in signed by the attending ph hen please remove carbon pa to burial, cremation, or rem iy injury, or other traumatic	N	Conditions, if any gave rise to imm cause to imm cause to imm cause PART 2 OTHER SIGN	, which mediate ng the last	DUE TO, O (b) DUE TO, O (c)	EUERE RAS A CONSEO CORONO RAS A CONSEO ONTRIBUTING TO	HRY	ARTE	Rio sci	LEROSÍS .		N IN PART I(a)														
IDING PHYSICIAN: The law reciteding physician. After this certificate has been signed by the burial-transit permit. Then the and Mental Hygiene prior to the marked or Item 18 shows any in	TIFICATIO	TIFICATIO	RTIFICATIO	RTIFICATION	RTIFICATE	RTIFICATK	RTIFICATIO	RTIFICATIO	CERTIFICATION	RTIFICATIO	RTIFICATIO	RTIFICATIO	RTIFICATIO	RTIFICATE	19a DATE OF OPERA	TION		ITION FOR WHIC	CH OPERATIO			20a AUTOPSY? YES NO P	IN CERTIFY YES		
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ATTEN bital or a ECTOR for use of Heal		22e.1 certify that (1) (this hospital) attended the deceased from 6 × 10 19 20, to 7: 31, 19 80, that (1) (we) lost saw the deceased alive on 7. 31 19 20, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body after death.																							
1 9 1 0 1	B HO TO THE SIGNATURE			Roya.				PHYSICIAN L	MANDICAL STATE	F IAN 🗆	7. 81. 80														
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	BIRTHPLACE FOREIGN COUN	RY)	76. CITIZEN OF WH	AT COUNTRY?			EVER MARR	IED L	BALTIMOR	-			ATH	W. H
		VN OF DEATH	II. NAME OF HOSE	PITAL NURSING	WIDO		DIVORC		Balti:			12b. KIND	OF BUILD	MD.
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190	(YES, NO, OR UN	KNOWN) (IF YES, GIVE	WAR OR DATES)		81833			SCUI	DOE	2 4	13 7	RAN	SIVE	724
	18. CAUS	E OF DEATH (Enter on	nly one cause per line	-		111	.,,,,	3000	10 - 1	7	2/1	APPRO	DXIMATE I	NTERVAL AND DEATH
à	PART	DEATH WAS CAUSE	D BY: TE CAUSE (a)			s	and the	4	and the		36	BETWEEN	N ONSET	AND DEATH
1	7 8/	tions, if ony, which		AS A CONSEQU	JENČE OF									
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	SIGNATU					M.D. AS	sistar	MEDIC	CAL EXAMINE	R	SIGNED		7/31	780_
-	EXAMINE (TYPE OR	R'S NAME HO	rmez R. Gi	uard M.I).	_ADDRESS_	111	Ponn	Street	Ba1	tim	oro N		2014
230	BURIAL, CRE.	MATION, REMOVAL 2	23b. DATE	23c. NAME	OF CEMETERY			23d, LOC CITY OF	ATION		COUN		STA	TE
_	FUNERAL D	211/11/	8/2/80	HOL	47 1	4166	25a. DA		ALT S		14	9	land.	
	J. G.	CONNE	ADDRESS ADDRESS	200	MACL	-	A	חף שי	1300	OU. IN	7		7	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

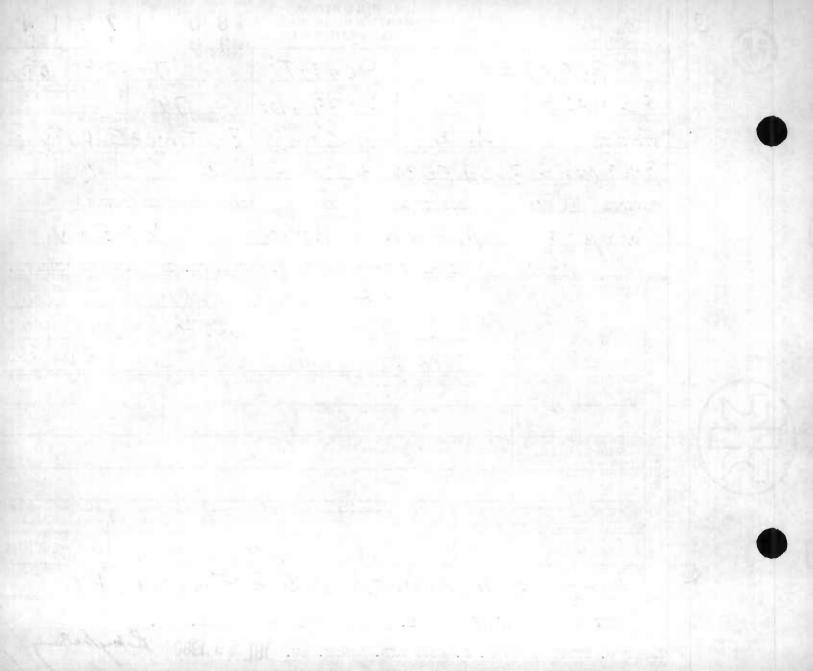
RTIFICATE OF DEATH

FOR

- STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE OF DEATH MONTH YEAR TYPE OR PRINT 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BLACK DAYS HOURS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED *VIRGINIA* 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY N/AN/A DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3609 FERNDALE AVENUE MARYLAND N/A BALTIMORE15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALCODE F 160 WAS DECRASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO 17 INFORMANT (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-12-3953-D RICHARD J. WHITE, JR. 3804 MILFORD MILL RD. NO N/A 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Conditions, if ony, which gove rise to immediate couse tot, stoting the underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES NO [71n ACCIDENT WAS UNDERLYING 716. TIME OF INJURY ZIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (dld),(did not) view the body offer death 22b. SAGNATURE DEGREE ATTENDING C * MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 77e ADDRESS 22 PHYSICIAN S NAME (TYPE OR PRINT) FUN old b 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY BP 7/26/80 BURIAL MT. AUBURN CEMETARY BALT., MD. 250 DATE REC'D. BY REGISTRAR 256 RESTRAR'S SIC SATUE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) LEROY O. DYETT & SON F. H. 4600 LIB. HGHTS. AV



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2n DATE OF DEATH 2h. HOUR I TYPE OR PRINTS 316F9 3 SEX 4 RACE 4. AGE IN YEARS LAST BIRTHOAY 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HP MONTH DAYS HOURS 10 7e. BIRTHPLACE L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Insp. Locke Insu. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 134 INSIDE CITY LIMITS? , more NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE I 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YBS/NO OR UNKNOWN) (# YES GIVE WAR OR DATES) 01 Mrs.W. Pauline Seltzer. Same as above CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A/CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (0), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART JIO CERTIFICATION 90 DATE OF OPERATION 20a AUTOPSY? CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mental Hygiene or Item 18 sho NOIX YES [NO [] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death DIRI FUNERAL DIR 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS TO FUNEI 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE utimore. ntombmenturiat-Loudon Park emeteru 24 FUNERAL DIRECTOR 25e DATE REC'D. BY REGISTRAR 25h RECONTRA DHMH-16 25M Mc ulluFuneral Home, 130 E. Fort Ave. Balto. Md. (VRA 15, 4) 1/79

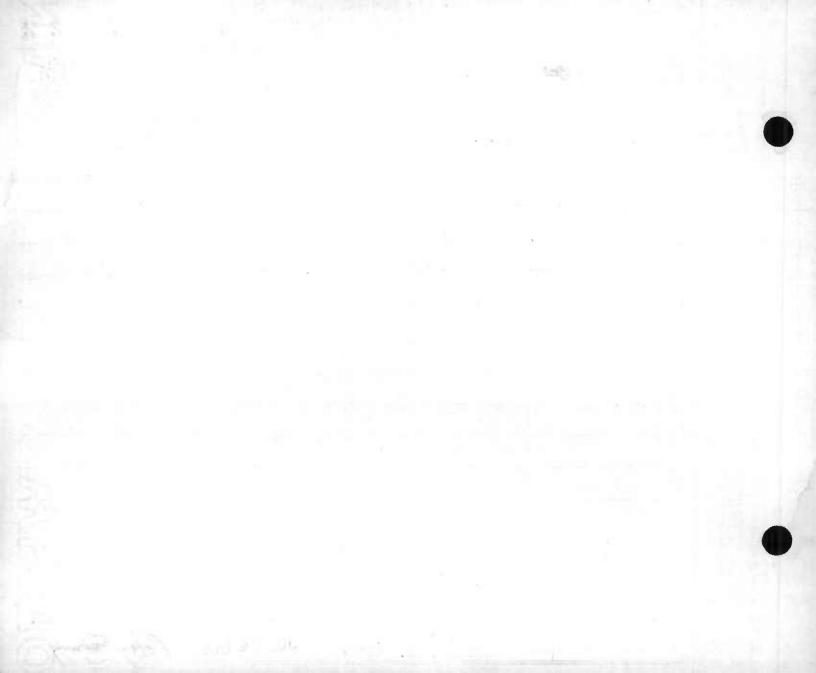
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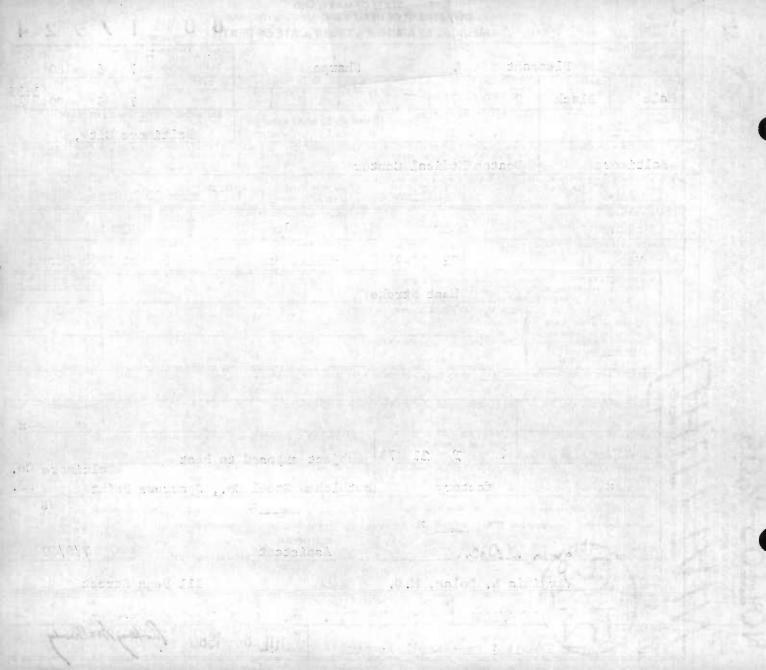
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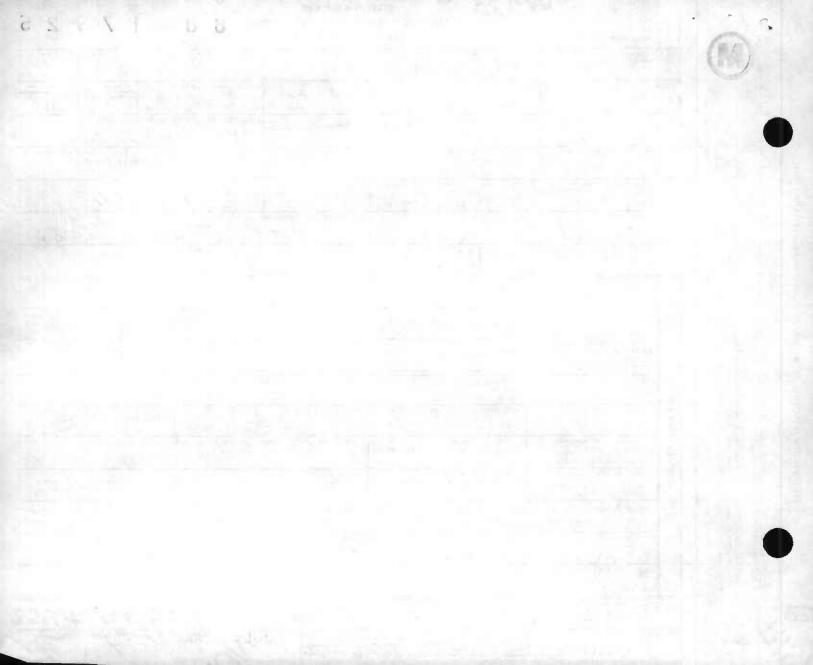
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN HINOM DAY (TYPE OR PRINT) OF ESTI-Pleasant N. Sharpe 19 80 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 1:35 MONTH LAST BIRTHDAY PRONOUNCED Male Black. 25 55 9 DEAD 19 80 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U. S. A. DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Baltimore Deaton Medical Center USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HID COUNTY 1002 East 20th Street. 13d. INSIDE CITY LIMITS? Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Daniel Mable Matthew Sharpe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN)
Yes 229-20-2315 Willie Mae Sharpe 1002 East 20th Street 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Heat Stroke DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 24 19 78 Subject exposed to heat 21f LOCATION Co. Baltimore WHILE AT WORK Md. factory Bethlehem Steel Co., Sparrows Point Inspection X 22a. I certify that I taak charge af the remains described above, held an Autapsy Accident X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 7/6/80 Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cheltenham, Maryland Burial 7/10/1980 Cheltenham V.A. Cem. 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Wm. C. March F/H 1101 East North Avenue

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STATE OF MARYLAND



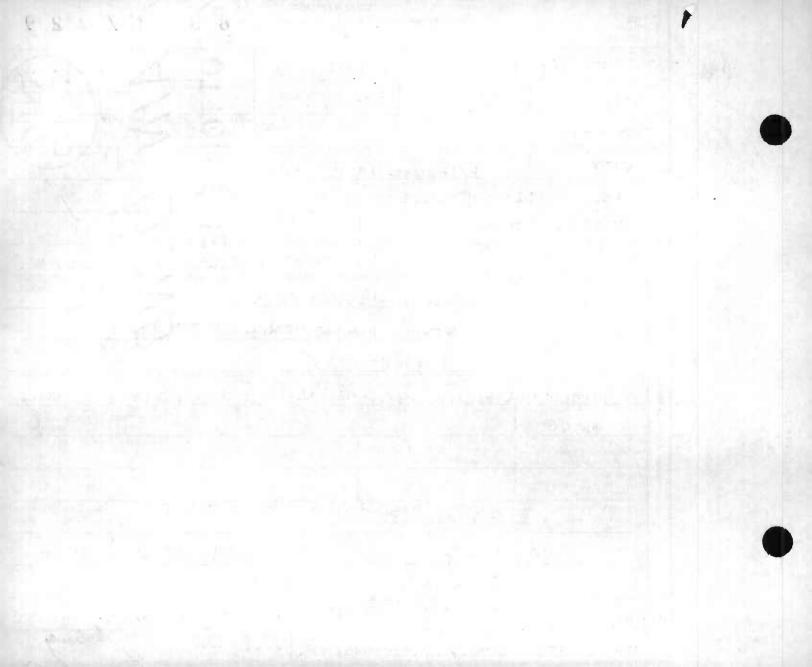


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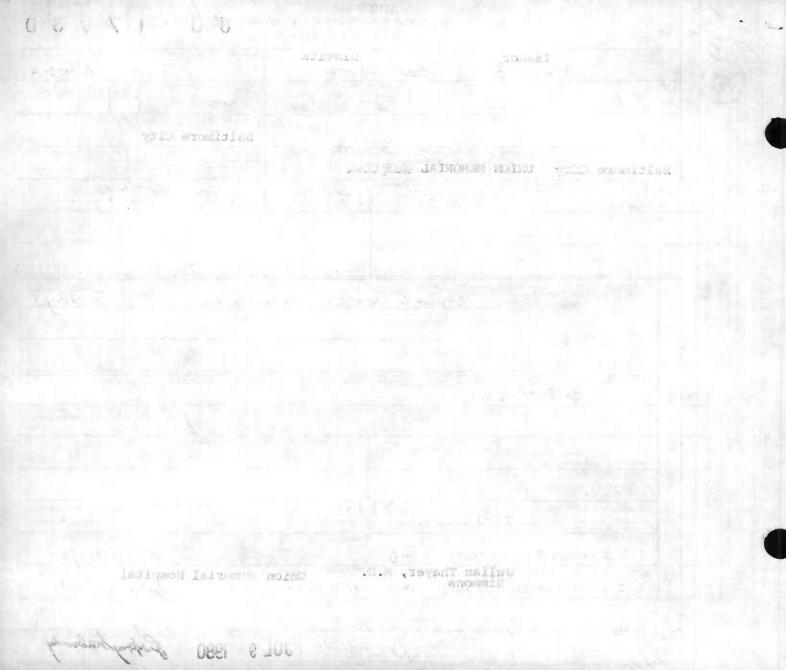
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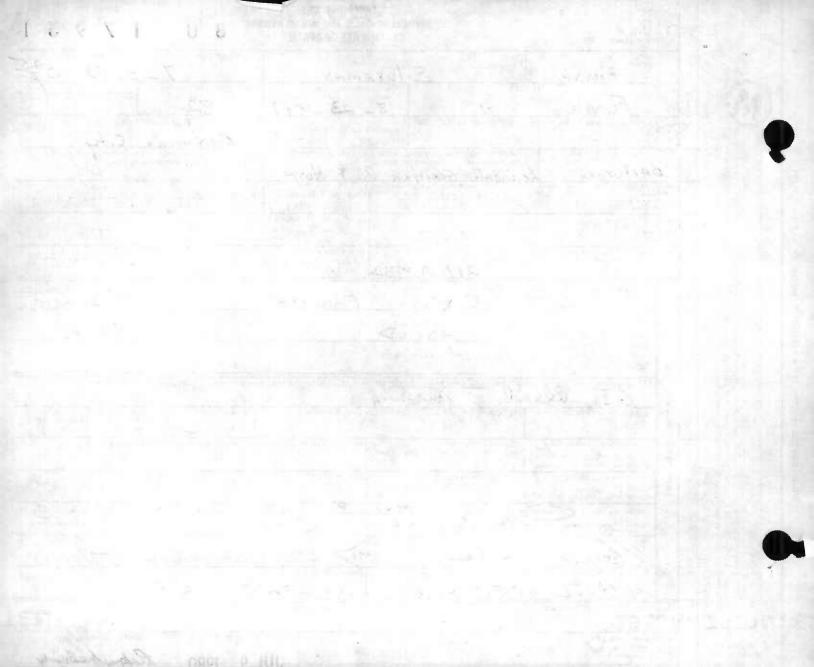
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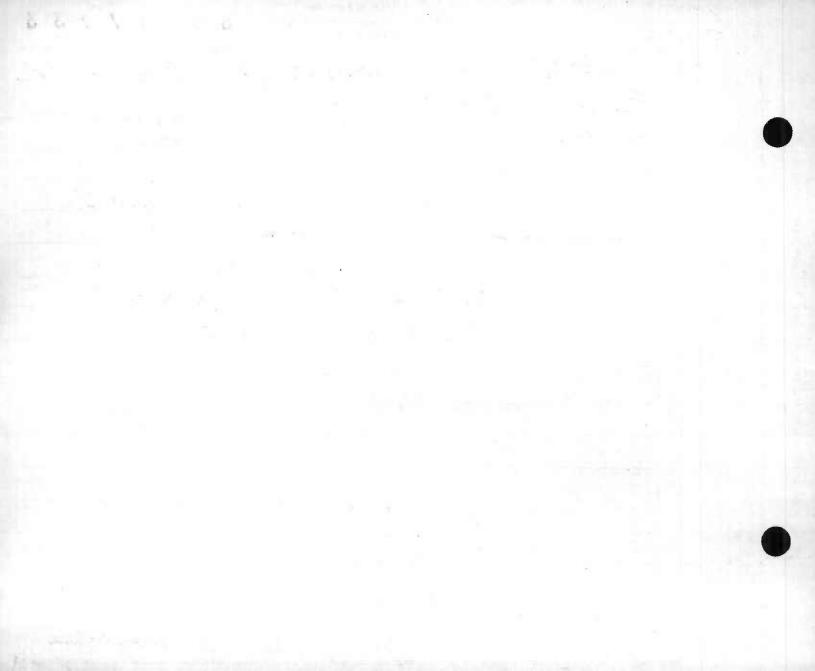


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 2e DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OF PRINTI 80 18RMHN 3 SEX 4 RACE DATE OF BIRTH IF UNDER LYEAR IF UNDER . AGE (IN YEARS LAST BIRTHDAY) To BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA WIDOWED DIVORCED A MARYLAND 126 KIND OF BUSINESS OR INDUSTRY SHOES 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
SALESLADY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c CITY OR TOWN 3013 WYLIE AVE. (21215) MARYLAND BALTIMORE I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE REBECCA CAPLAN GOLDSTEIN TAVIA ADDRESS8323 MINDALE CIRCLE APT. F (21207) 166 SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES. NO OR UNKNOWNI I HE YES, GIVE WAR OR DATES! (21207) MRS. SHIRLEY WEISBERG NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY FAILURE 2 0105 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OYRS Canditians, if any, which to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO F NOE 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) our pinian death accurred on the date and hour and from the causes stated abave (1) we) (did) did not) view the bady after death 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL MPORTANT DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 12e ADDRESS LOV 100 DALG 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY STATE CITY OF TOWN (SPECIFY) JULY 4.1980 ANSHE EMUNAH AITZ CHAIM BALTIMORE' BURTAI 250. DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR BALTIMORE, MD. DHMH-16 25M "LEVINSON & BROS. REISTERSTOWN RD. (VRA 15, 4) 1/79



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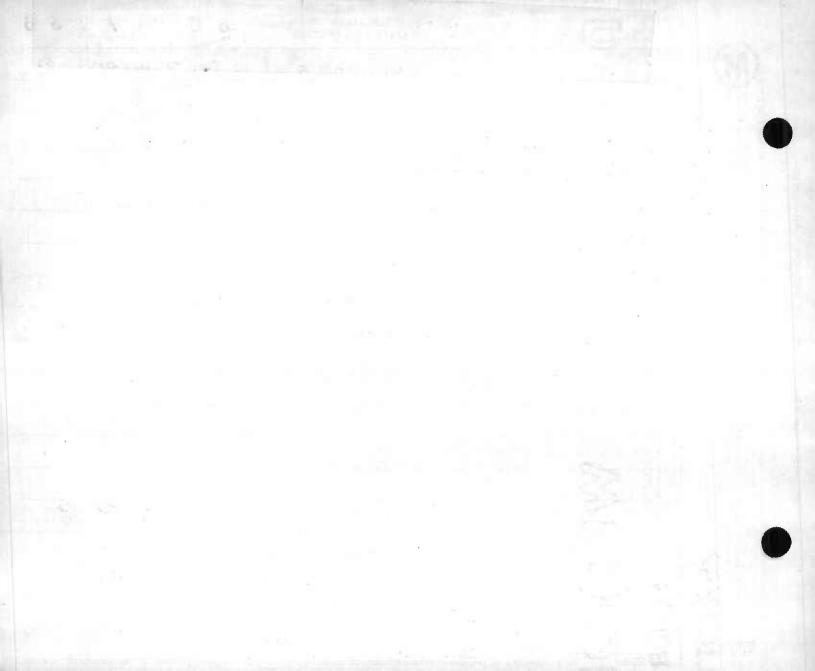
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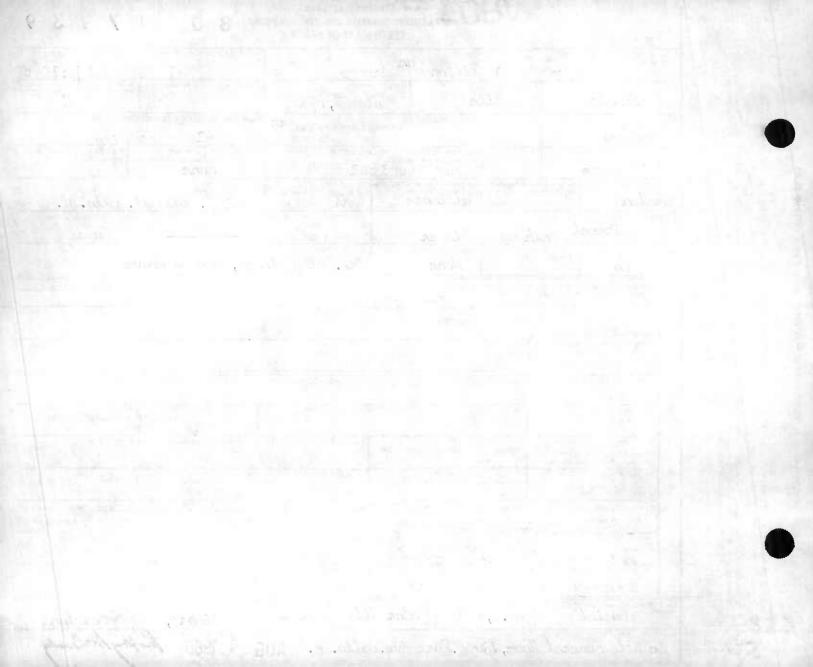
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	npletely	a company		THER'S NAME FIRST	MIDO	DLE	Mc GC	III QNI	15. MOTHER'S MAIDEN N		3,000.10	LAST	NIM6
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	TOR: Use a Heal	2		220.1 certify that (I)	(this hospital)				16- 19.80		7- , 19	SO_,1	that (I) (we) lost
	2 0 2 2			sow the decease above, (1) (we) (d	d olive on	ew the body	after death.	4.0	nd that in (my) (our) opinio	n death occurred on the d	ote and hour a	and from the o	couses stated
	e hospi CDIRE sched fo Dept. c			226. SIGNATURE				1/	DEGREE			22c DATE	SIGNED
	by the ERAL State C			90	any	H	Mai	10	M ATTENDING	MEDICAL STA	IAND	7-	17-80
ğ	FUNERA UID be del	,		174 PHYSICIANS NA	ME THE OFF				220 ADDRESS				100
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- 1	shoot with		23e B	URIAL, CREMATION,		3h. DATE		NAME OF C	EMETERY OR CREMATORY	123d LOCATION		OUNT	STATE
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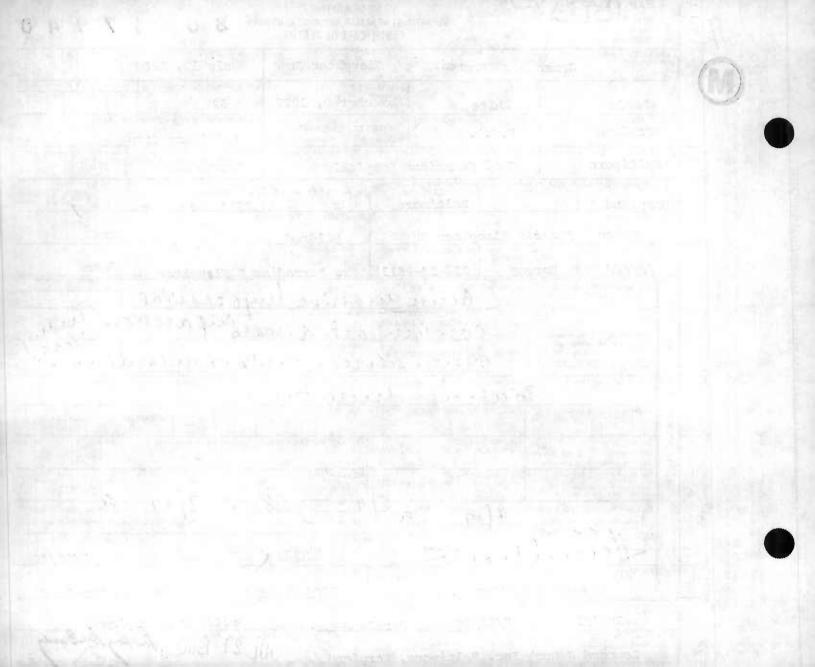
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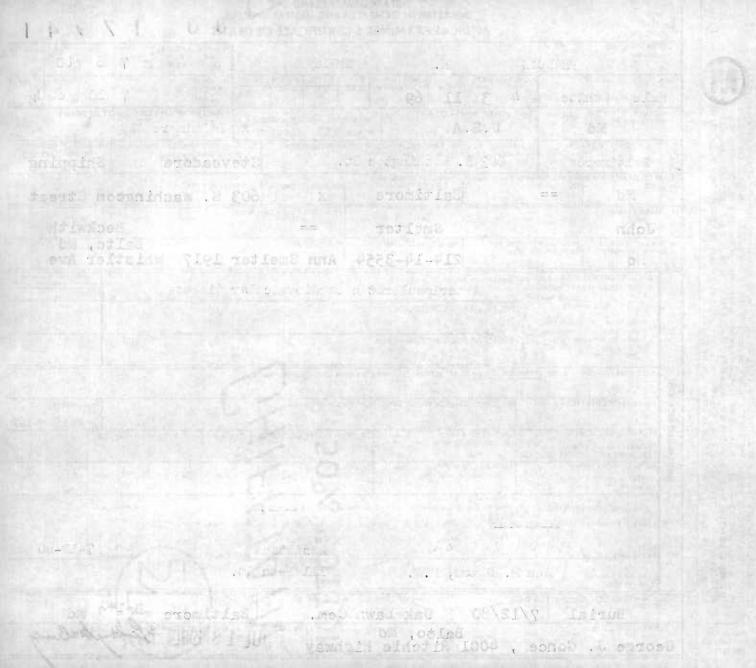
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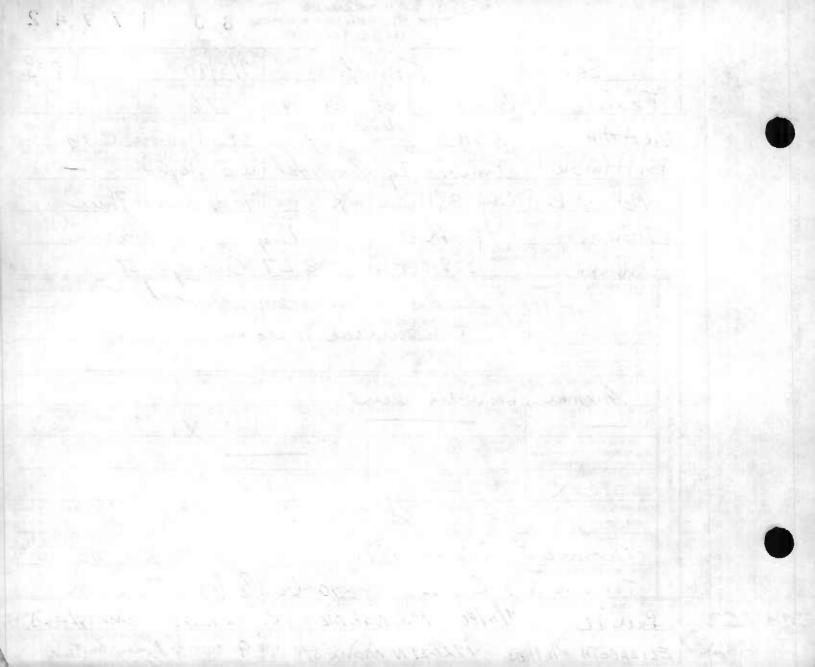
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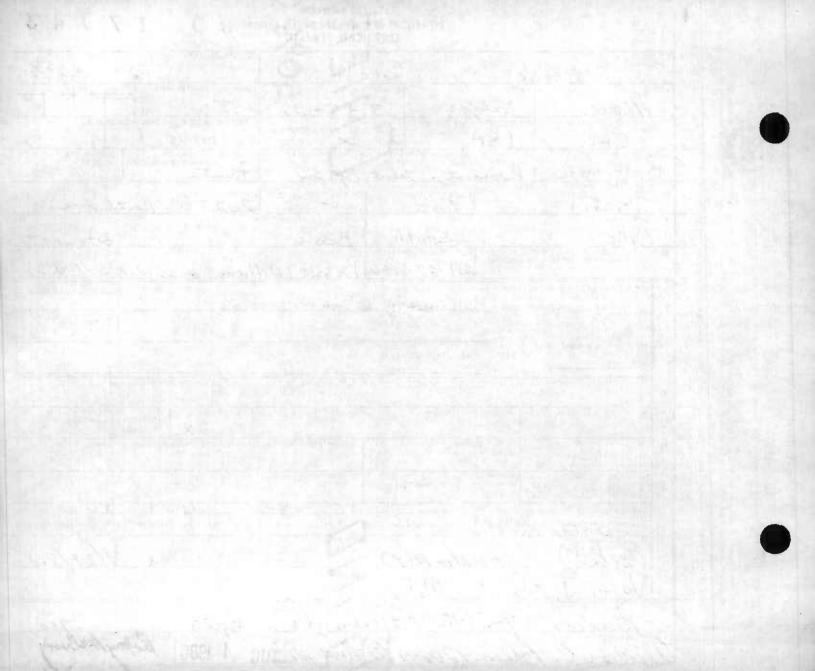
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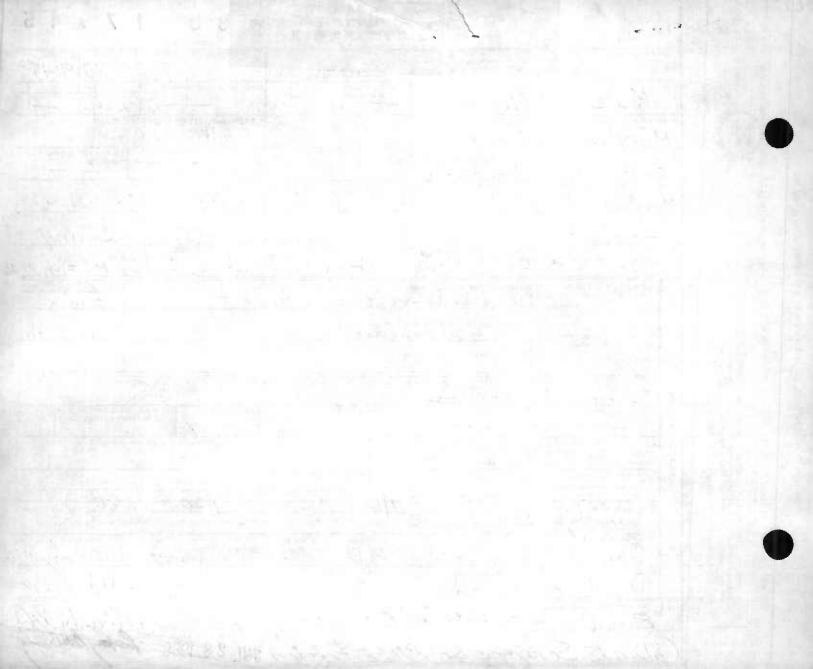
SANTER COMPANY			STATE OF MARYLAND		
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGI	IENE 8 0	1 / 9 4 2
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO	
DURING THE RESERVE		CEASED NAME FIRST	MIDDLE	2R. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 030
e 3 pe		Berne		1/5/80	S PM
1 25	3 SE	, ,	4 RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
B CONTROL		temale	Black 05 29 04	76	YRS.
	7r. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	BALTIMORE CITY OF	COUNTY OF DEATH
1 11 1	0	ICGINIA	WSA WIDOWED DIVORCED	Ba Iti	more City MO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12R USUAL OCCUPATION OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR
5 1 20	1	Saltimore	University Hospital	Unemplos	
24 to	USU/	AL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13n STREET ADDRESS	11 =1
N 1 1 1 1 1 1 1		Mo Ba	H. City Baltimon VES & NO 1	11 -0 0.	mett Place
with with short short	14. FA	THER'S NAME	15 MOTHER'S MAIDEN NAM	ME	
MAR ted nd 2 nd 2	-	Thomas	MIDDLE FIRST	WIDDLE	Here says
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN. The law requires that the death certificate be executed within 24 holy strending physician. After this certificate has been signed by the attending physician and completely lifted is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should fin lift and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked on Item 18 shows any injury, or other traumatic event, the medical examiner must	160 V	VAS DECEASED EVER IN U.S. AR		ADDRE	SS
naor e be e, an and Pages t, the r	- 6	ES, NO OR UNKNOWN) (IF YES, GIVE	EWAR OR DATES) 228-079926 827	Gearc	e St.
ficate ficate ysician pers. Poval.	-		nly ane cause per line for (a), (b) and (c),(, 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic papers proval		PART I. DEATH WAS CAUSE	DBY.	Aure	ATA BENEFICIAL DESIGNATION OF A STATE OF A S
death cert ending ph carbon pa on, or rem traumatic		IMMEDIA	TE CAUSE 10) CARRIAGE T PLANTED	771	
deat deat cark on, trau		7210	DUE TO, OR AS A CONSEQUENCE OF		
the att		Canditians, if any, which gave rise to immediate	(b) (F) AL COLORER STATE		
No requires that the are please remove r to burial, cremating injury, or other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		
quires quires please burial biury,			((c)	NAME OF THE OR COME	
requ requ rep p to bu to bu	Z	1	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIVEN IN PART 1(6)
law law	ATK	196 DATE OF OPERATION	190 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
The Ist The Is	CERTIFICATION		The condition of the condition of the condition	V	IN CERTIFYING CAUSES OF DEATH?
VITAL RE CIAN: Th Ician. Infricate ha Insit perm Hygiene m 18 shor	ER	21R ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCUR	YES NO NO	YES NO NO
1 OF VITA 1 YSICIAN physician is certifica al-transit ental Hyg or I tem 18		OR CONTRIBUTING CAUSE OF DEA	THE PARTY AND ADDRESS OF THE PARTY OF THE PA	CED TENTER HATORE OF INVOICE	resilem in, contition contes
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DIVIS ADING attend attend as the ith an ith an		AT WORK AT WORK		7/5	80
OR ATTEN hospital or a hospital or a black for use a begt. of Heal of the control			rtal) attended the deceased from	, to	19 80, that (1) (we) last
OR AT Hospital DIRECT Hed for upon Dept. of		saw the deceased alive on abave (1) we) (did) (did no	it) view the body ofter depth.	death occurred an the da	te and hour and from the causes stated
L OR L OR L DIRE		226 SIGNATURE	DEGREE ATTENDING _	MEDICAL STAF	Th. DATE SIGNED
ITAL OR y the hos RAL DIR detached frate Depi		1 homas	PHYSICIAN [IAN 8 7/5/30
d by d by d by d be d		224. PHYSICIAN'S NAME (TYPE O	PRINT) 27R ADDRESS	1 1	/
TO HOSPITAL OR AT retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item		Thomas	E. CIDIN 10 CUL	slerlit.	lowson
Te Fra E	23a E	URIAL, CREMATION, REMOVAL		234 LOCATION	COUNTY / STATE
(A) BP	(Bural	11/160 Md. NAT. MEM. PK.	Laure	1 1100110
	24. FL	INERAL DIRECTOR	25R. DATE		25b. REGISTRAR'S SIGNATURE
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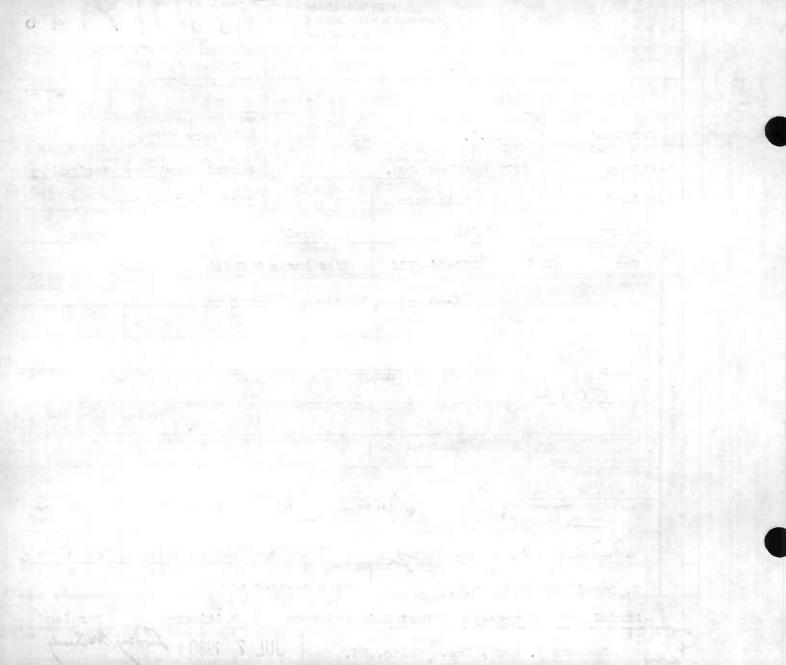


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	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG		1/943
	1 DE	CEASED NAME FIRST	MIDDLE	LAST , .	REG, No.	
noy be poge 3 rr deoth		Clarence	· Sn	nith	The Date of Death	MONTH OAY YEAR 26 HOUR
pod bod	3 SE			OF BIRTH	6. AGE (IN YEARS LAST BIRT	
ertor,		Male.	Meges MON		55	MONTHS DAYS HOURS MIN
1 30 30-	70 B	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
		OA.	/ 6 ()	PED DIVORCED	Baltimo	re City MD.
1124 35 306	In.C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	
5	E	saltimure.	Provident - Libert	= / Hat. Aug	Hainter	
of he de he	USU.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 138 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
AND SELECTION OF S		mo.	Baets	YES NO	2023 W	. North Ave.
RYL with	14 FA	THER'S NAME FIRST MIDE	DLE LAST * ,	15. MOTHER'S MAIDEN NAM	WHODLE	TZAL
make ond	5	Ollie	Smith	Bessie		Stewart
MORE,		VAS DECEASED EVER IN U.S. ARME		17 INFORMANT	ADDRE	SS
be exect on and con and con and conservations.			219-22-8064	Dessie Wi	1/14MS 20:	23 W. North the.
, BALT froate I froate I popers novol.		18 CAUSE OF DEATH Enter only of	one couse per line for (a), (b), and (c).)	A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tt., B.		PART I. DEATH WAS CAUSED B		of the esca	phoses	
or re		1519	DUE TO, OR AS A CONSEQUENCE OF		9	
RESTON e death ce to attendin move carb introumatic		Conditions, if ony, which	(b)			
the of the emoin		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			North Tolland
ot w. P		underlying couse lost	(5)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 25 hours oftending physician. When this certificate has been signed by the attending physician and completely illind in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the than and Mental Hygiene prior to burial, cremation, or removal. The ord Mental Hygiene prior to burial, cremation, or removal. The order or them 18 shows any injury, or other traumatic event, the medical examiner must be for the contract of the		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
RDS, 2 equires on signe Then p r to bur injury,	CERTIFICATION					
e law r n. nos bee permit ne prioi ws ony	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRE Icanon The Icano	E				YES NO	YES NO
ON OF VITAL HYSICIAN: The ding physicio s certificate h buriol-tronsit Mental Hygies or item 18 sho	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18, PART 1 OR PART 2)
SION OF VI	N.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
PHYSIC ending this cer he burio nd Ment d or iter	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
DING PHYSICIAN: or offending phys After this certifico e os the buriol-tror olth and Memol Hy morked or frem 18	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SINCE	C114 O# 104	N COUNTY STATE
3 0 6		22a.1 certify that (1) (this haspital)	ottended the deceased from Jelly	25 1980	10 July	21 19 80, that (1) (we) lost
R ATTENDI hospital or RECTOR A red for use spt. of Heol		sow the deceased alive on J	alu 21 10 80	and that in (my) (our) opinion o	death occurred on the do	ate and hour and from the causes stated
REC REC		22b. SIGNATURE	iew the body offer death.	DEGREE		22c. DATE SIGNED
	165	Hoik V 6	Blund Mn	ATTENDING PHYSICIAN	MEDICAL STAI	
HOSPITAL ned by th FUNERAL Jid be detent on the Stote		12d. PHYSICIAN'S NAME TYPE OF PRI	THE TOTAL PROPERTY OF THE PROP	22e ADDRESS	DIRECTOR PHISIC	TANK VIZITY
TO HOSPITAL retoined by to FUNERAL should be det with the Stote MPORTANT:		Veity J RI	and MD			
TO HO retaine should should with the	23n F	URIAL CREMATION, REMOVAL	236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	734-LOCATION	
150.3		SPECIFY) COL	7-31-80 Mt.	1.0.	DITY OR YOWN	COURSE CONTRACT
DI DI	24 BI	JNERAL DIRECTOR 2	1 01 00 114.0	25a. DATE	REC'D. BY REGISTRAR	ZSb. RESPUTRAR'S SIGNATURE
DHMH- 16 50M 7/77 (VR A 15 (4))	11	Marie ()	beach 1200 - NY 11	March As 111	G 4 1980	property Malresdy



MARIANA DSA MARIANA City Latinesses Hagital not st. Duta fact this N. 18.2.





	CEASED NAM	21/80 da VERTETI	<u>PD</u> MEI	MIDDLE	WINEK.2	CERTIFICATE	2g. DATE	REG. NO.	ONTH DAY YEA	R 25. HC
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3. SE	emale	* RACE White	5 DATE OF BIRTH	YEAR 6. AG	E (IN YEARS IF UI BIRTHDAY) MONT		R 24 HRS. 2c. DAT	INCED	7 21 180	177
7o. B	IRTHPLACE (S		76. CITIZEN OF WH		183.	LIED NEVER MAR	9. BALTI	MORE CITY OR C	OUNTY OF DEATH	
1	irginia		U.S.A.			VED TO DIVOR	_ Do 1	timore C	ity	
10. C	ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING	HOME, OR OTH	HER INSTITUTION	120. USUAL OCCI	JPATION (TYPE OF	WORK 12b. KIND OF OR INDU	BUSINESS
1	Baltir		Hamburg			over	Housewif	e		JIKI
130. 5	AL RESIDENCE STATE ryland	(IF IN NURSING HÓME	OR OTHER INSTITUTION, GIV NTY	13c. CITY OR TO Baltimo	NWN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDR	roll St.		
_	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE	1107	
	George		Vashington	Jone	S	Anna		MIDDE	Heywod	
160		DEVER IN U.S. AF		166 SOCIAL SE		17. INFORMANT	192	ADDRESS		
	No	(10 703, 014)		225-09-	2017A	Charles R	. Davis	1110 Car	roll St.	
3	PARTIDE 4/29	ATH WAS CAUSE	ATE CAUSE (a) AT	terioscl	erotic	cardiovaso	cular dise	ase ver	BETWEEN OF	NATE INTERV
	Conditio	ns, if ony, which		AS A CONSEQUI	ENCE OF				50 - 10	
	gave ri	se ta immediate) stating the under	e / (b)	AS A CONSEQUI						
	lying cau		DUE TO, OR	AS A CONSEQUI	NCE OF				6 10	
	PART 2 OTHER SI	GNIFICANT CONDITIONS	(c)	NIT NOT RELATED TO T	NE TERMINAL MICEAG	E OS COMPLETION CIVEN IN	LARY 1 II.			
Z				ltiple i			AKI I (G).			
MEDICAL CERTIFICATION	190. DATE OF	OPERATION		pho .	0	VAS PERFORMED?			20. AUTOPS	SY?
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E E	210 EXTERNA		ifical TIME OF	INJURY VET MONTH DAY 7-21-	YEAR MICH	OW INJURY OCCUR	RED LENTER NATURE OF I	NURY IN ITEM 18 PART	ORPARIZVETIÍ	ied
CAL	CONTRIBUTI	NGX CAUSE OF	DEATH P.M.	7-21-	19 80 Pa	ssenger in	n ambulanc	e/fixed	object co	llisi
MED	21d. INJURY C	NOT WHILE	STREET, FACT	OF INJURY & CATAL ORY, FARM, ETC.)	Simple Colore LC	CATION	<u>CITY OR TO</u>	OWN	COUNTY	11110
	AT WORK	AT WORK	x str	eet	Ham	burg St. v	vest of B	alto.		Md
	22a. I certi	fy that I taak char	ge of the remains desc	cibed to baye the	dan Autap	osy X, Inspect	ian . Inquir	, and in	my opinion	
CP	death result	ed fram: Natu	ural causes ,	Accident X	Suicide	, Homicide	Undetermined n			
1	ACTUAL	A	000			TITLE (SPECIFY)	757111			
1	SIGNATURE.	MAA	1AX		N	Assistar	1t_MEDICAL EXA	MINER S	SIGNED 7-22	-80
	EXAMINER'S	NAME And	n M. Dixon	M D		ADDRESS	111 Penn	g+		
		44111	The Diagram					DU.		
23a. B	(TYPE OR PRI	TION, REMOVAL	23b. DATE	23c. NAME (OF CEMETERY C	OR CREMATORY	23d. LOCATION		COLLEGE	44.45
Bu		TION,REMOVAL	7/25/80			Mem. Park	Elkridg	e .	Howard	Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF D	EATH		REG. NO.				
		CEASED NAME FRS	ST	MIDDLE	i	AST		2e. DATE OF D		DAY	YEAR	26 HOUR	
	TITLE	ORPRINT) ME	arian	E.	SM	ITH			July 24	198	30	9:00/	A A
	3. SE		4 RACE		5. DATE C			& AGE IN YEAR	S LAST BIRTHDAY)		UNDER 1 YEAR	IF UNDER 24	-
	13	Female	N€	egro	wo.3.	22	02	78	,	RS.	VIHS DAYS	HOURS	MIN
-		RTHPLACE (STATE OR FOREIGN	7% CITIZEN OF	WHAT COUNTRY?	1	_			E CITY OR COL		FDEATH		
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		224 PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRES	>						

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

Emmanuel Duvilaire, M.D.

23b. DATE 7/30/80 23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial

c/o Maryland General Hospital 23d. LOCATION CITY OR TOWN Baltima

COUNTY

STATE

ADDRESS Wm. C. March F/H 1101 E. North Ave.



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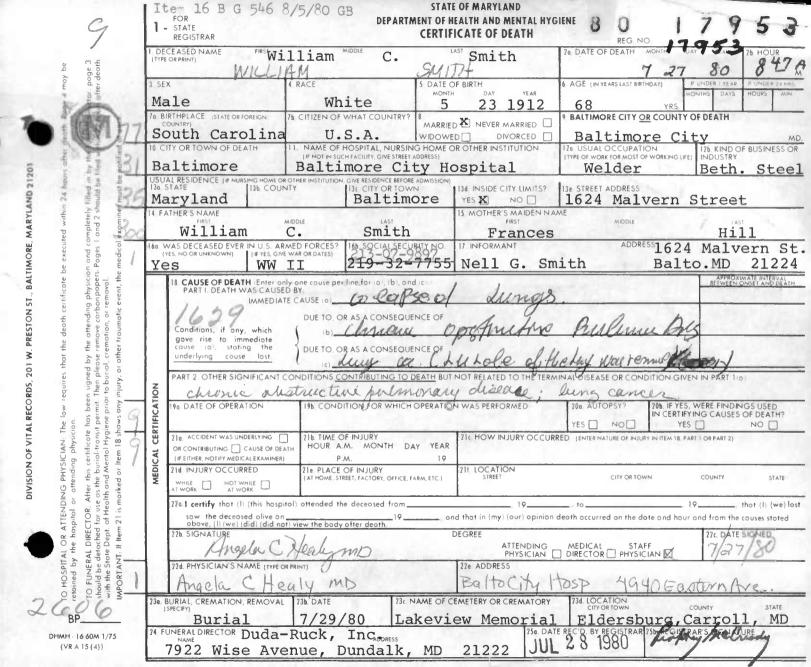
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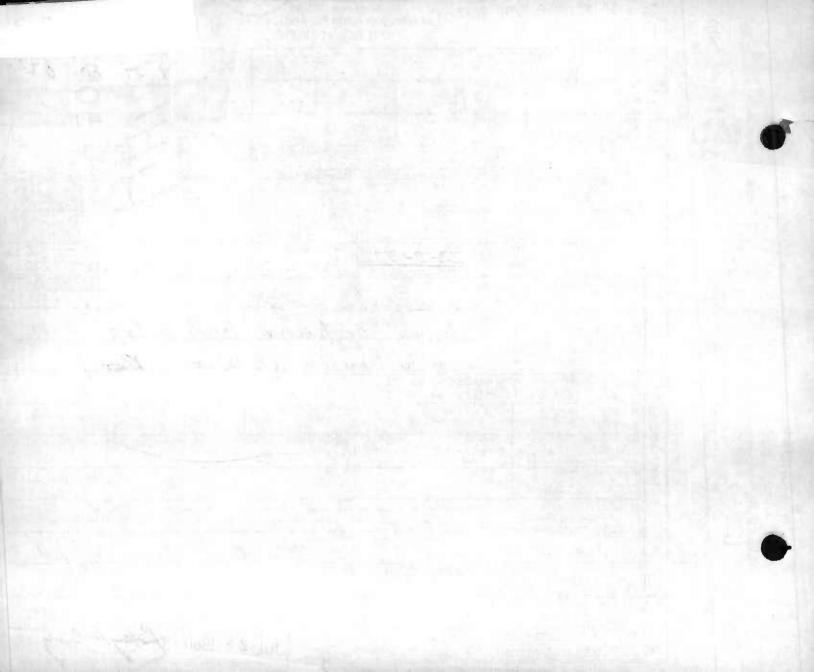
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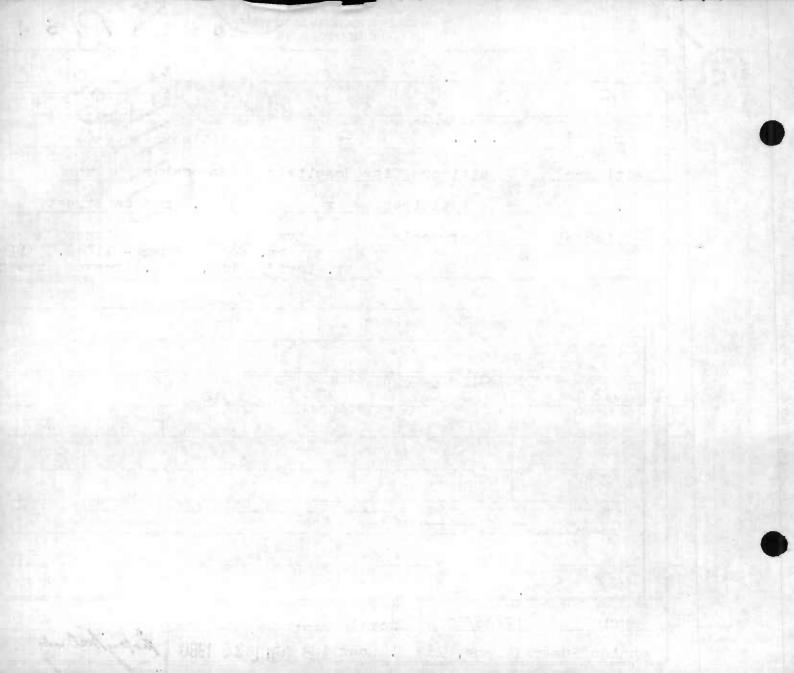
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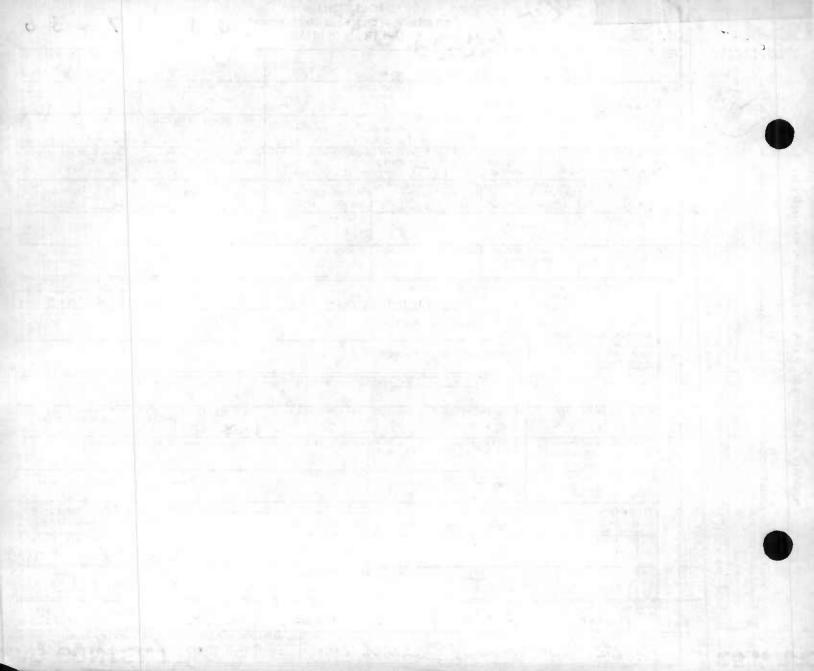
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MONTH (TYPE OR PRINT) WILMA 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY YEAR HOURS 16 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Baltimore WIDOWEDXX 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City homemaker Baltimore Hospitals home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore N. Kresson Street YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Eva Leitner Michae Mastrecola 17. INFORMANTIVITS . 198tter -8110 O. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Donna (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mr. David Smith. 38 N. Kresson Stree 18 CAUSE OF DEATH Enter only one cause per line for (a) b and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause ial. stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g CERTIFICATION 0 Perinh ODM asc 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NO YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 24 .19 80 ond that in(my)(our) opinion death occurred an the date and hour and from the causes stated sow the deceased arive on obove (12) we (did) did not view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED TO FUNERAL DIR should be detach with the Stote Del IMPORTANT: If the ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME LETUPE OR PRINTI TRACKE Jacko 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE (SPECIFY) Buria] Sacred 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Home, 263 (VRA 15 (4)) Funeral Conkling



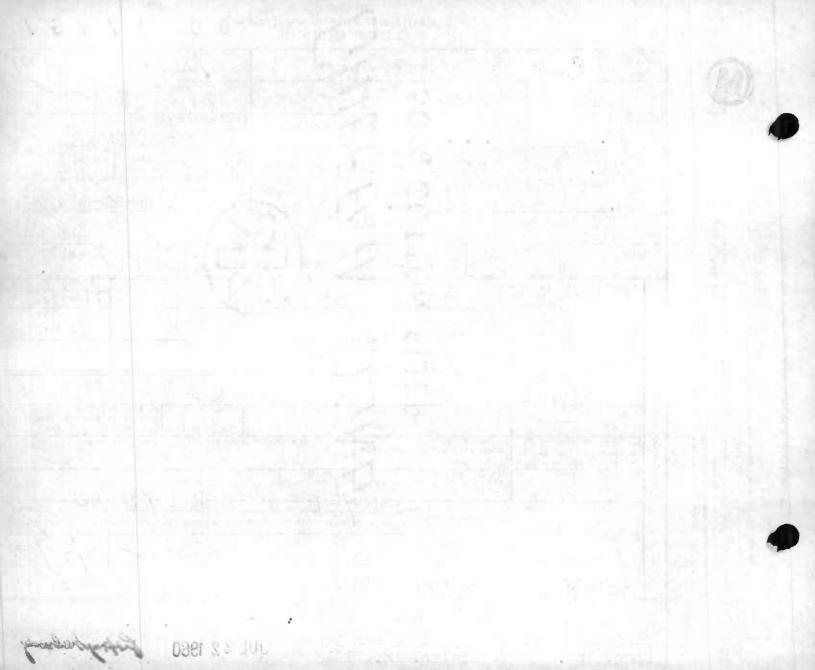
			STATE OF MARYLAND		
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72 hour	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	70 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City o	R COUNTY OF DEATH
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led by the hospital or attending physician. UNERAL DIRECTOR: After this certificate has been signed by the detached for use as the burial-transit permit. Then please the State Dept. of Health and Mental Hygiene prior to burial. INTANT: If Item 21 is marked or Item 18 shows any injury,	2	Cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AT WORK ALEXAMINER! 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did1 (did no above, (1) (we) (did1) (did no above, (1) (we) (did	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 21c. HOW INJURY OCCUR P.M. 19 21c. HOW INJURY OCCUR STREET 21c. HOW INJURY OCCUR ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. DCATION STREET DEGREE MD ATTENDING PHYSICIAN DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	YES NO CITY OR TOW TO TOW MEDICAL STAF	700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE TOP TOP TOP TOP TOP TO THE TOP
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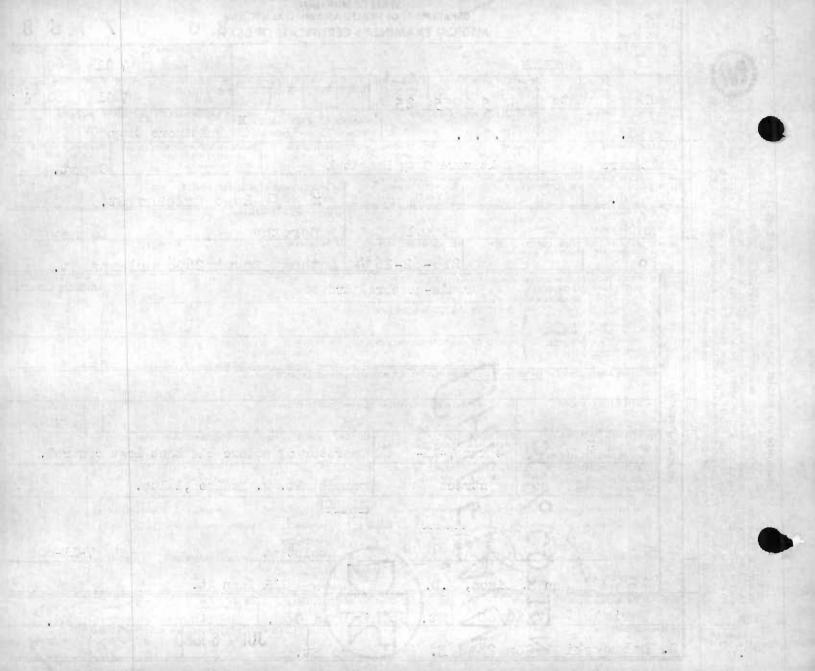
	1			STATE OF MARYLAND		
1	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	17956
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	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
18		Female	white	MONTH DAY YEAR	82	MONTHS DAYS HOURS MIN
(Xg	7n B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		Baltimore City o	R COUNTY OF DEATH
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an and con Pages 1 ar		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GW	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	SSS
squires that the death certificate igned by the attending physician please remove carbon papers. I burial, cremation, or removal. injury, or other traumatic event,		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	DVGS Wer EV		BETWEEN ONSET AND DEATH 2 24 S
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ENDING PHY or attending ph OR: After this c e as the burial ealth and Men is marked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
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HOSPITAL ined by the FUNERAL uld be detach the State		226 PHYSICIAN'S NAME (TYPEO	RPRINT) HILT	MD ATTENDING PHYSICIAN [220 ADDRESS 3 01 (+)	DIRECTOR PHYSIC	
BP Oracle MA	230	BURIAL CREMATION REMOVAL	23b. DATE 8/1/80 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN, Halto-	COUNTY STATE
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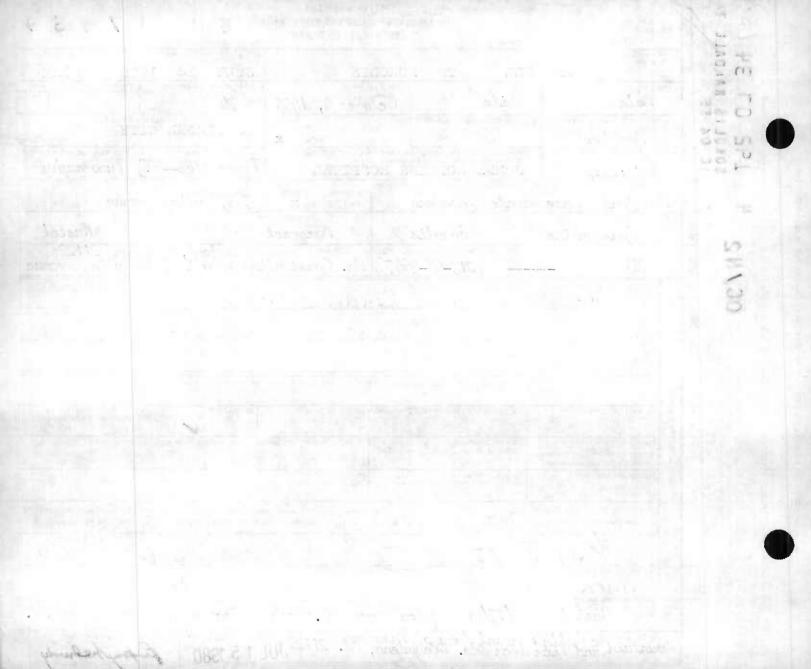


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 矣 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME AKA LULA 20 DATE OF DEATH ANNA MAY LOUISE 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR emale White Dec 15 1895 Je. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Md. Baltimore City WIDOWEDED DIVORCED [ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Edison Highway INDUSTRY Balto. Homemaker DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2917Edison Highway Balto. Md. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Elizabeth Stal knecht Henry Bruns 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 5311 Pembrooke IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-54-0697 Emma Urbancik (dghtr) Ave. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ARREST IMMEDIATE CAUSE it any, which gave rise to immediate cause (a), stating the A CONSEQUENCE underlying last. cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION ony 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? DWS YES T NO [21s. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) morked or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ž 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM NOT WHILE 22s. I certify (that (1) (this haspital) attended the deceased from saw the deceased alive an ,, and that in (my) (aur) apinian death accurred an the date and haur and from the duses stated abave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 77c DATE ATTENDING MEDICAL STAFF with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS PHYSICIAN'S NAME ITYPE OR PRINT ploods Name of CEMETERY OF CREMATORY
Moreland Mem. Pk. 23d LOCATION 230. BURIAL, CREMATION, REMOVAL STATE 7/24/80 Balto. Burial Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN Schimurek Fungal 333 Apoless Brehms Lane DHMH-16 60M 1/73 (VR A 15 (4)) Home, Inc. Balto. Md. 21213



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-	p b l	3 SE	× M M I F	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN
200		7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9-14-01	A BALTIMORE CITY O	R COUNTY OF DEATH	
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	e has beer ermit. The name of the prior shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
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2 2	TOR: Use as Healt		220.E certify that (I) (this hospi	tal) attended the deceased from	7/14 1980			that (I) (we) lost
-	Spital Spital d for u pt. of Item 2			7/23 t) view the body ofter death.		on death occurred on the do		
	AL DI tache re De T: If		226. SIGNATURE	1 I Tura	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF ZIAN Z	23/80
doc	JNEF JNEF JNEF JDE d JDE d JDE d JDE d		224. PHYSICIAN'S NAME (TYPE OF	e PRINCE	22R ADDRESS	11 11	11 1.	- 1
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10	BP	23e	SURIAL, CREMATION, REMOVAL	7/2/-/00 D	AME OF CEMETERY OR CREMATOR	23 d LOCATION CITY OR TOWN	ILA ROUNTY	STATE
1901		24 F	UNERAL DIRECTOR	11/20/80 H	ruid Kiage Ce	ATE REC'D BY BEGISTRAR	25b. PEGIS PARIS	IPE A
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME KNOWN 5 (TYPE OR PRINT) OF ESTI-Raymond Spangler 30,0 80 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DATE white PRONOUNCED male DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED A NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH LINAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore onduit Inspector Bell Telephon University Hospital USUAL RESIDENCE (IF IN HUBBANA 13e. STREET ADDRESS Maryland 13d. INSIDE CITY LIMITS? ort Deposit NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dillman 7. INFORMANT **ADDRESS** Helens Spangler, P. O. Box 63, Port Deposit, Md. 73-03-8190 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 9:45AM 7/30/80 fell from tree CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION WHILE AT WORK THE outside home RearOfBox63, Port Deposit., Cecil Co, MD 22a. I certify that I took charge of the remains described above, held an Inspection death resulted fram: Natural causes Accident LX Suicide Hamicide _____ Undetermined manner Assistant 7/31/80 PAGE 4 SHOU TO FUNERAL DATER DEATH, BALTIMORE, M. MEDICAL EXAMINER Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME (TYPE OR PRINT 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE emeteru Venosit. anuland BP. DHMH - 17 (VR A15 ME (5)) 15M 7/77

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- STATE

TYPE OR PRIME

I. DECEASED NAME

REGISTRAR

CURST

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

NAME

/80 ADDRESS

Dk 250. DATE REC'D, BY REGISTRAR 25b. REGISTAR'S SIGNATURE

REG. NO

20. DATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

YEAR

26. HOUR

LAST

IF UNDER I YEAR

DAYS

IF UNDER 24 HRS

MONTH

126. KIND OF BUSINESS OR

INDUSTRY.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [

NO [

COUNTY

STATE

22c. DATE SIGNED

King Memorial

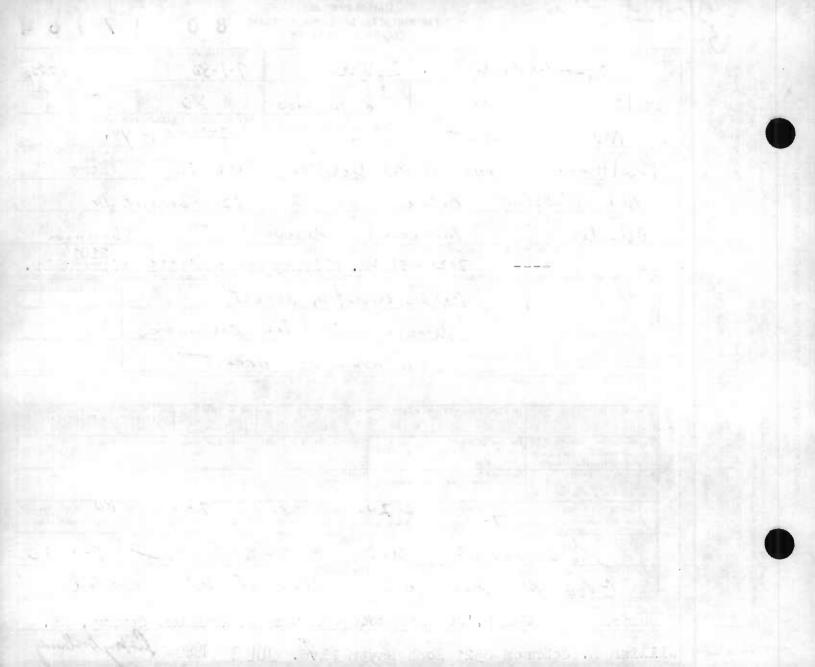
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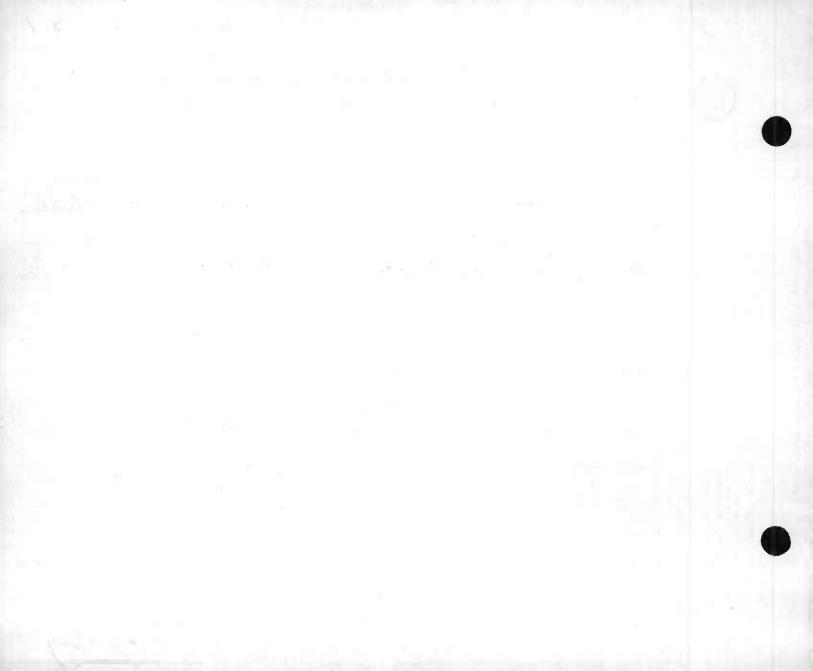
HERBERT E. NUTTER 3035-37 W. NORTH AVE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

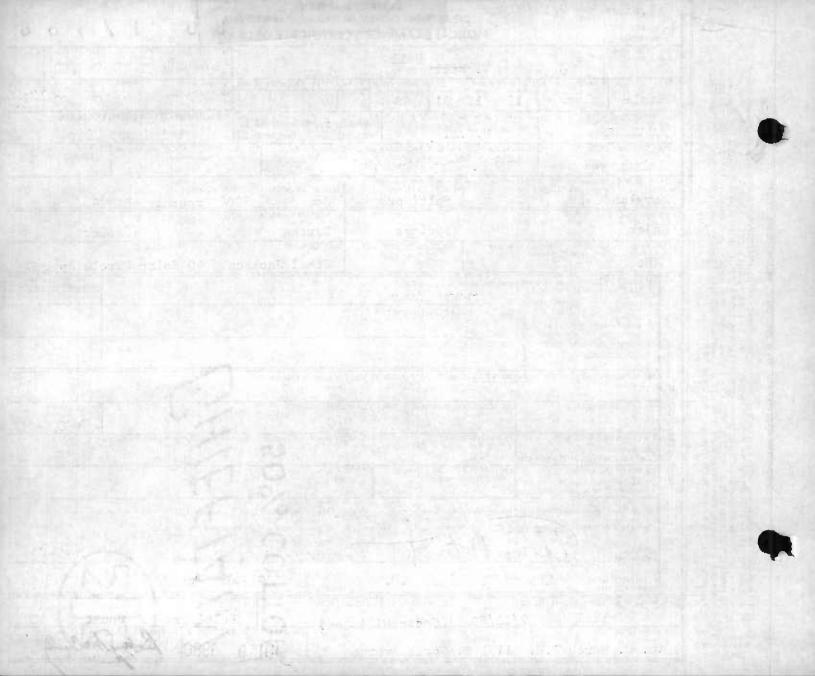
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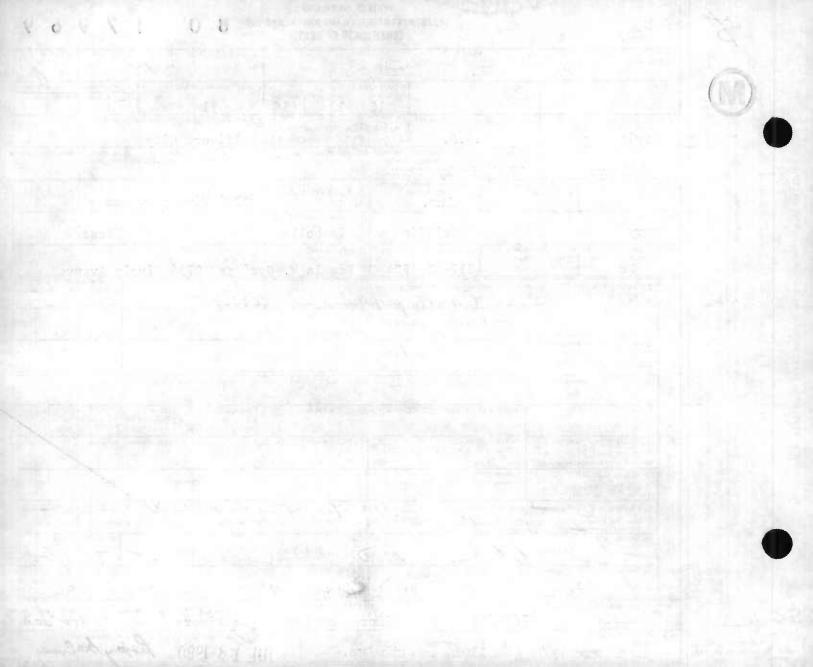
YTTO IRONITATE CITY ATHROUGH TATE OF THE PROVIDENT HOSPITAR LOSE TARE THE PARTY OF THE BALTIMORE X 727 H. CARRY STREET SPINCER FLAME SHITE -Finding-TIN-US-2012 AND CVEREDINES SERVICE ASS E CIEBA SE BURIAL ALGE, 1980 DEEP PARE SECONDOLL COURT, MARKINED HETHERE E. HUTTER 2025-37 L. HOPTH AVE AUG 1980



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	Female BIRTHPLACE	Black STATE OR 7	11 18 b. CITIZEN OF WHA	31 48 yr	RS.		DEA	MORE CITY OR CO	7 7 1980	12:26 a.,
35	MARYLAN CITY OR TOWN		U.S.	A.	WIDOWED		CED 🗆	Baltimo	re City	MC
	Baltim	ore	319 E.	21st Stree	t	INSTITUTION	FOR MOST OF WO		OR INDUS	TRY
130	ual residenci State Marylan	(IF IN NURSING HOME OR C		residence before admissi 13c. CITY OR TOWN Baltimore	13d	I. INSIDE CITY LIMITS?	13e. STREET ADDR	renshaw Av	renue	See Miles
14.	FATHER'S NAM Major		MIDDLE	Spriggs		MOTHER'S MAID Bertha	ENNAME	MIDDLE	Short	
160	WAS DECEASI (YES, NO, OR UNKN NO	ED EVER IN U.S. ARME (IF YES, GIVE WA	D FORCES?	166 SOCIAL SECURIT		INFORMANT Ethel Ja	ckson 4	ADDRESS O Solar O	Circle Apt	. K
	18 CAUSE OF PARTID	DF DEATH (Enter only of EATH WAS CAUSED B IMMEDIATE	CAUSE (o) Fa	tty Liver	OF.				APPROXIMA	TE INTERVAL SET AND DEATH
	gove	ans, if any, which rise to immediate b) stating the <u>under-use last</u> .		S A CONSEQUENCE (OF .					
NO		SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE DR	CONDITION GIVEN IN PA	ART 1 (a).			
IFICATION	19a. DATE O	FOPERATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS	PERFORMED?			20 AUTOPS	
MEDICAL CERTIFICATION	21a EXTERN UNDERLYIN CONTRIBUT	ING CAUSE OF DE	ATH P.M.	MONTH DAY YEAR	21c. HOW	INJURY OCCURRI	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PART 1		
MEDI	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR		21f. LOCAT		CITY OR T	OWN	COUNTY	STATE
	226. I cert death resul ACTUAL SIGNATURE	rify that I took chorge of ted from:	of the remains descri	TT A	icide .	Inspection Homicide , TITLE (SPECIFY) eputy Ch:	Undetermined n	nonner .	ny opinion ATE 7-7	-80
3	EXAMINER'S (TYPE OR PR	INT)		mith, M.D.		DRESS	ll Penn S	treet		
	(SPECIFY)	urial	7/13/80	Cedar H		m	23d LOCATION CITY OR TOWN Balti		County	STATE MD
24.	NAME	March F.H.	. 1101 E	. North Av		250. DATE	REC'D. BY REGISTR	0.1	R'S SIGNATURE	4

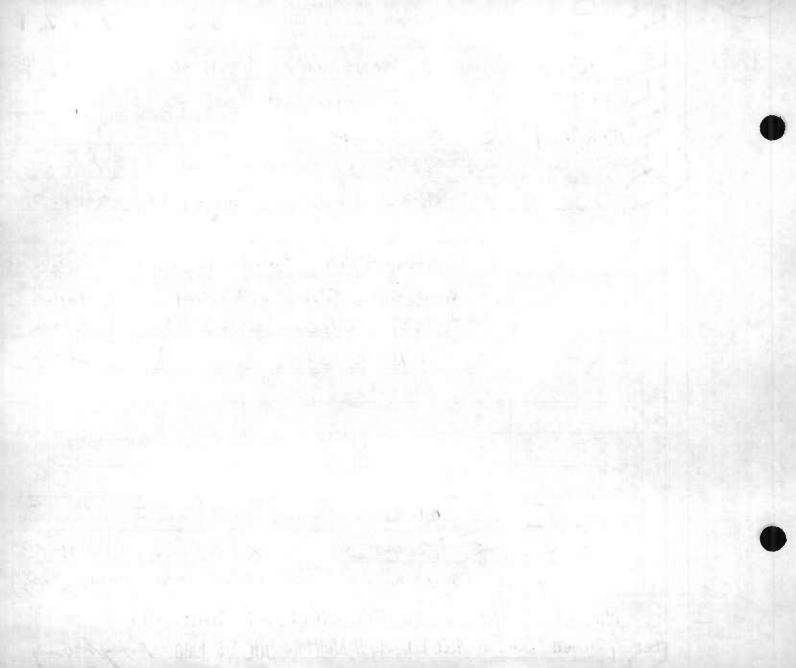


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	1	FOR STATE REGISTRAR	DEP		LTH AND MENTAL HY ATE OF DEATH	REG. NO.	1/969
		CEASED NAME FIRST	WIDDLE	LAST	TIME .	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	_	Hester	I.	Spriggs		<u> </u>	17 80 8 A
)	3 SE	r F	4 RACE	5 DATE OF E	DAY YEAR 18	6 AGE (IN YEARS LAST BIRTHDAY) 61 YRS	FUNDER I YEAR FUNDER 74 HR
#3S		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED WIDOWED	NEVER MARRIED	Baltimore City Baltimore City	TY OF DEATH
O O Be no		ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GMES 2794 Tivoly	IRSING HOME OR C		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	12h KIND OF BUSINESS C
Ser m	USU 13e	AL RESIDENCE IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE F	TOWN 13	I. INSIDE CITY LIMITS?	13. STREET ADDRESS 2794 Tivoly Av	venue
Sep D		ATHER'S NAME larry	MIDDLE Grif	ffin	MOTHER'S MAIDEN NA Isabelle	AME MIDDLE	Ross
the medical	160	WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, GI	VE WAR OR DATES]	SECURITY NO 17 2-6524	Pamela V. S	ADDRESS Spriggs 2794 Tis	voly Avenue
njury, or other traumat		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSI		Cr ferry or related to the term	MINAL DISEASE OR CONDITION G	GIVEN IN PART 1001
in Yu	ğ						
ws any	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION V	VAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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d or Item 18 shows any	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NO NO	TIFYING CAUSES OF DEATH?
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apt. of Health and Mental Hygiene prior to I tem 21 is marked or Item 18 shows any		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 278. I certify that (11) (this has saw the deceased alive or obove) (11) we had been at the control of the	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC.) Om. Ond to DEC.	ILOCATION STREET hat in (my) (aur) apinian GREE ATTENDING PHYSICIAN [YES NOW IN CERT RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN death accorded an the date and he MEDICAL STAFF	TIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 40 , that (we)
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ter dec	10 CI	TY OR TOWN OF DEATH 11. NAME OF H	OSPITAL, NURSING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR
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LAND 2	13a S	TATE 136 COUNTY	BALT.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	J. BAUT. ST.
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mond co		VAS DECEASED EVER IN U.S. ARMED FORCES? (ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 215-14-9	17 INFORMANT FORA	IN NELSO	or Borous
BALTI cate b spers. val. it, the		18. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY		~		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON ne death co ee attendin emave carb matian, ar r traumotic		Conditions, if any, which	AS A CONSEQUENCE OF	Diteriosile	essis	years
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RDS, 20 equires n signed Then ple r to burn injury, a	NOI	PART 2, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PARTO
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirentlending physician. Wher this certificate has been signs the burial-transit permit. They thank Membal Hygiene prior to be directed or item 18 shows any injury orked or item 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT	TION FOR WHICH OPERATION	DN WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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DIN ENDING tal or o OR. Afre nruse as Health		22a. I certify that (I) (this hap all offended the saw the deceased alive on	D 40 11 0000	nd that in (my) (Popular	depth accurred on the date of	11, 19 Sol, that (1) lost
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DHMH - 16 60M 1/75 (VR A 15 (4))	Le Le	ROY O. Dyett & Son. F. H.	4600 tiberty	Hahts. Ave, JU	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



4	1 - STATE REGISTRAR				CATE OF D		REG. N		1 / 9	1. 6
m =	DECEASED NAME	FIRST	WIDDLE		131		26 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 5
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72 hour	O. BIRTHPLACE (STATE (COUNTRY) LITHUANIA		CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER M	AARRIED 🖾	1 BALTIMORE CITY	70	Y OF DEATH	MD.
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P	230. BURIAL, CREMATIC ISPECIFY) CREMATION	ON, REMOVAL	07-21-80	23c. NAME OF C	ON PARK	7	BALT IMO	RE CIT	COUNTY M	ARYLAND
IMH-16 25M A 15, 4) 1/79	24 FUNERAL DIRECTO		OME INC 41	o Wilke	21229	25e. DATE	REC'D. BY REGISTRA	R 25h REGIS	propy	Hebrody

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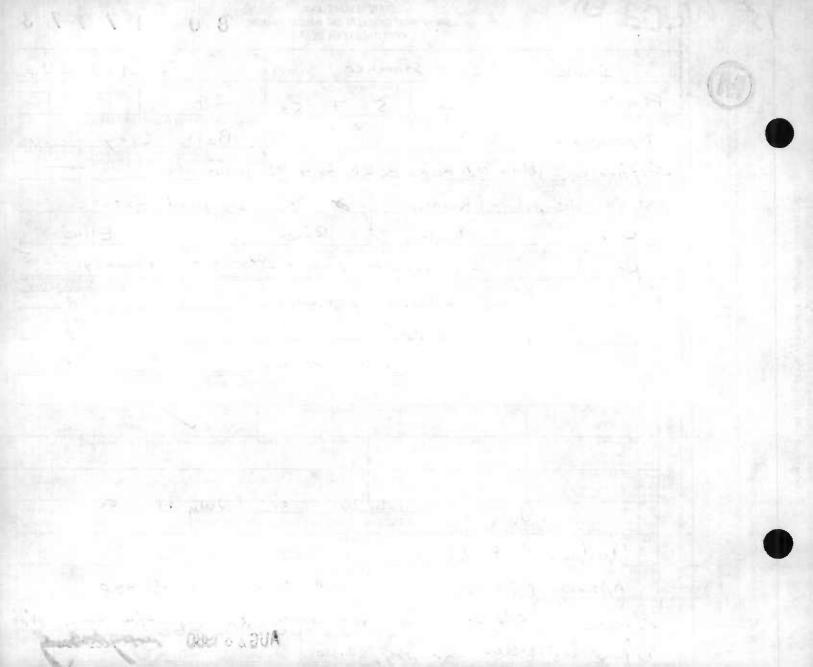
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BATTIMORE ALLEST. ACRES ROSPINAL

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 1 DECEASED NAME Stark 2a DATE OF DEATH MONTH DAY 2h HOUR Etta (TYPE OR PRINT) 3 SEX 4 RACE A. AGE TIN YEARS WAST ENTHERAYS IF LINDER I YEAR IF UNDER 24 HR 5 DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS HOURS - Female White Je. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF SUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerk Stenographer Chessie R.R. University Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 300 Necker AUC. ALTO NO 14 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST AUNDEN KIOS 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT [YES. NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) Same Mr John Stark APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) A CONSEQUENCE OF est loweren Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21e. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tal MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY marked CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. sow the deceased olive op O, and that in (my) (aur) opinion death occurred on the date and haur and from the couses stated (well did) talid set) fiely the body ofter death DEGREE MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 0 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL Baltimore Maryland Burial Gardens Of Maith 7/19/80 24. FUNERAL DIRECTOR ADDRESS **DHMH-16 25M** (VRA 15, 4) 1/79 Leonard J Ruck Inc. Baltimore, Maryland

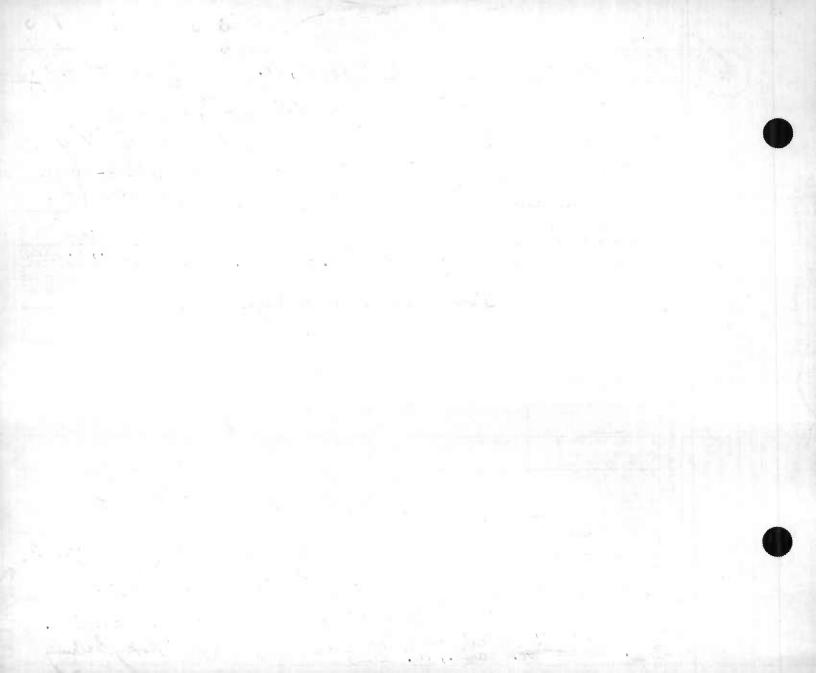
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em -	(M)		3 SE	Mà Male	4. RACE Whi	te	MONT	OF BIRTH DAY 1 7, 1897	6 AGE (IN YEARS LAST BIF	RTHDAY) IF UNDER 1 YI	EAR IF UNDER 24 HRS
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IMORE,	in and ce	medical	(S. ARMED FORCES? YES, GIVE WAR OR DATES) WWII		3-2249	Mrs. Katheri	ne Starr, sa		
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Vinh	ē ⊢ <u>r</u> s ¾	≤		URIAL, CREMATION, REM			23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
802	BP			Burial	7-17-	80	Parkwo		Baltimore	County M	aryland
	H-16 30M 2/80 (VRA 15, 4))		INERAL DIRECTOR CK Towson Fu	neral Home	Inc.	1050 Towson,	York Rd. 250 D. Md. 21204	ATE REC'D. BY REGISTRAN IL 16 1980	256. RESSTRAR'S SIG	Bredy

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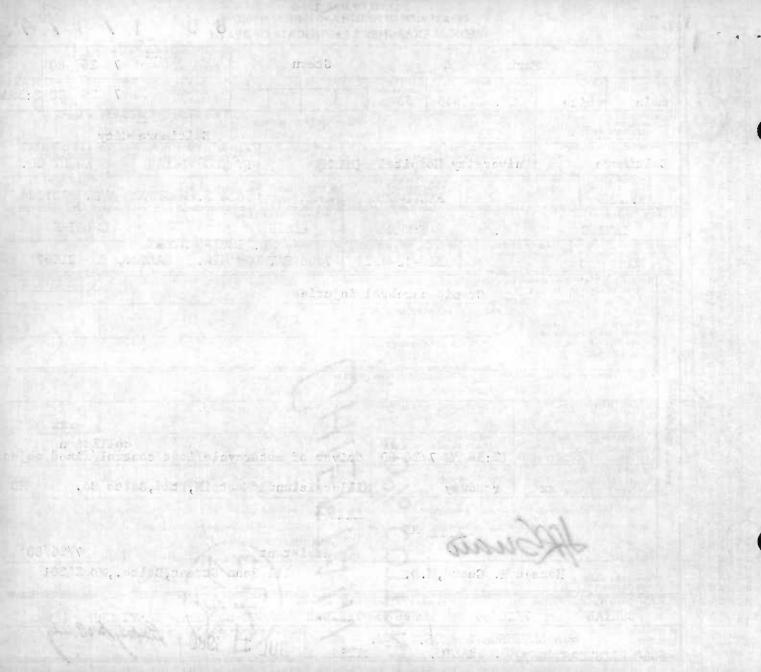
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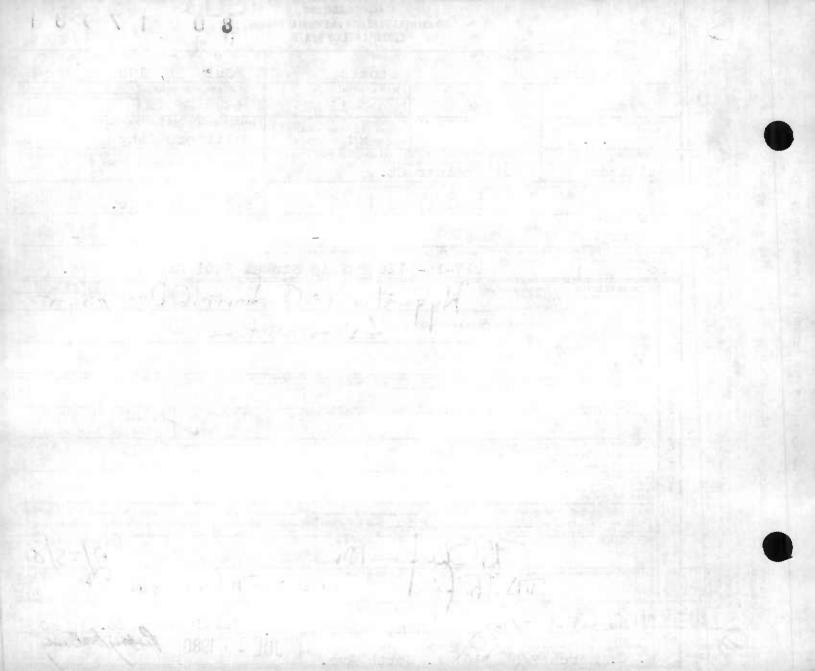
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME KNOWXX OF ESTI-Mark A LLEN Stern 26, 80 4 RACE 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 26 80 2:38A OCT. 2,1946 male white 33 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X XIEVER MARRIED MARYLAND USA WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS University Hospital TV TECHNICIAN Baltimore (MIEM) USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS?
YES XX NO 13. STREET ADDRESS ONTFORD AVE. MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ELSIE COLLINS STERN IRVING 17. INFORMANT MR. IRVING STEERINS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 7806 GAYWOOD CIR. BALTO., MD 216-42-4924 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH Cranio cerebral injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 3 SHOULD BE DEPARTMENT 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART LOR TREE SON 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL driver of motorcycle/lost control/fixed object 12:58. AM 7/26:980 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. MillersIslandRdEastofN, PtRd, Balto Co. AT WORK AT WORK XX MD roadway 22a. I certify that I took charge of the remains described above, held an Autopsy XX Inspection Accident XX death resulted from: Undetermined monner Suicide TITLE (SPECIFY) 7/26/80 ACTUAL M.D Assistant EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M. SIGNATURE SIGNED 111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE MOSES MONTEFIORE WOOMOOR HEBREW BURIAL 7/28/80 BALTIMORE MD 250. DATE REC'D. BY REGISTRAR 250. 10 SECTION 15 SECTIO **DHMH-17** SOL LEVINSONRES BROS., INC. (VR A15 ME (5)) DETCTED STOWNS RD. BALTO. MD 15M 7/77



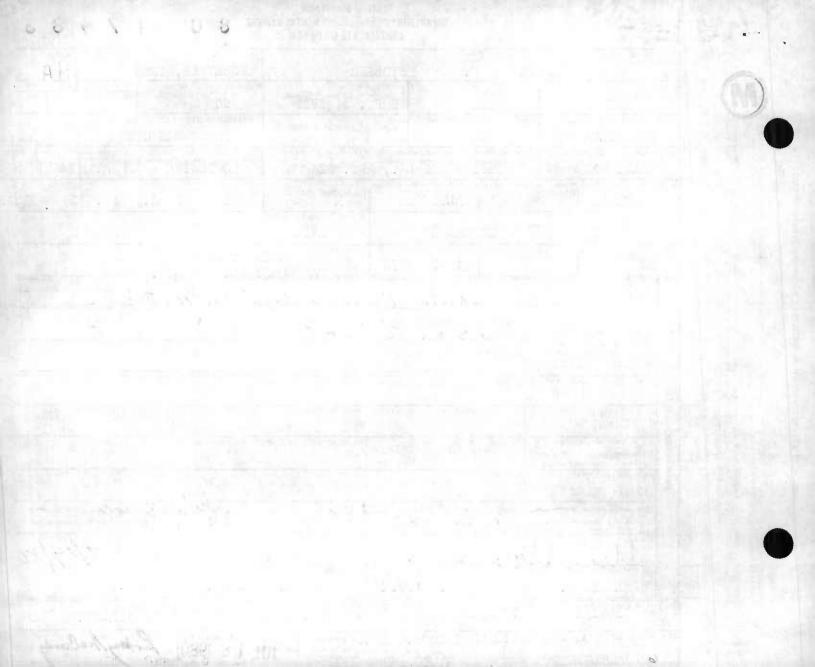
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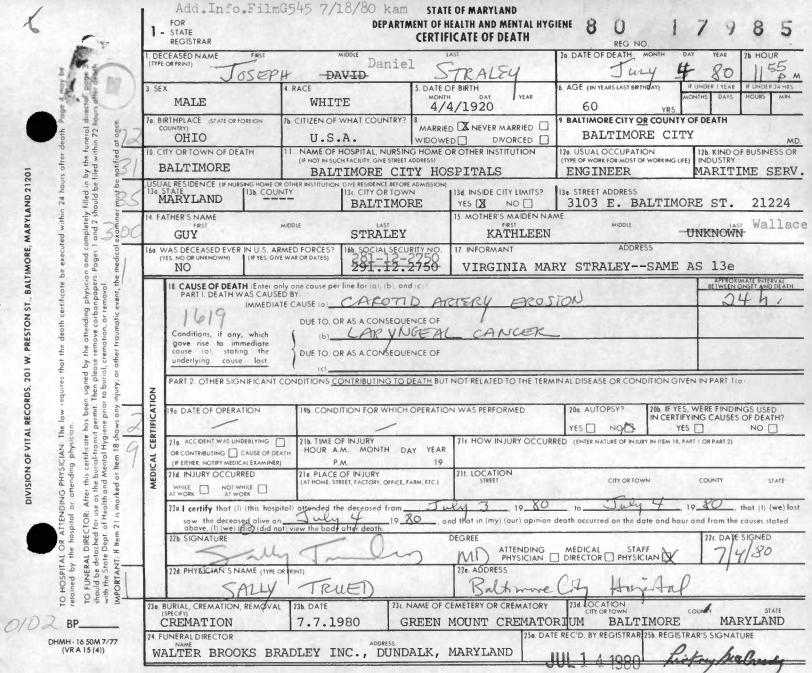


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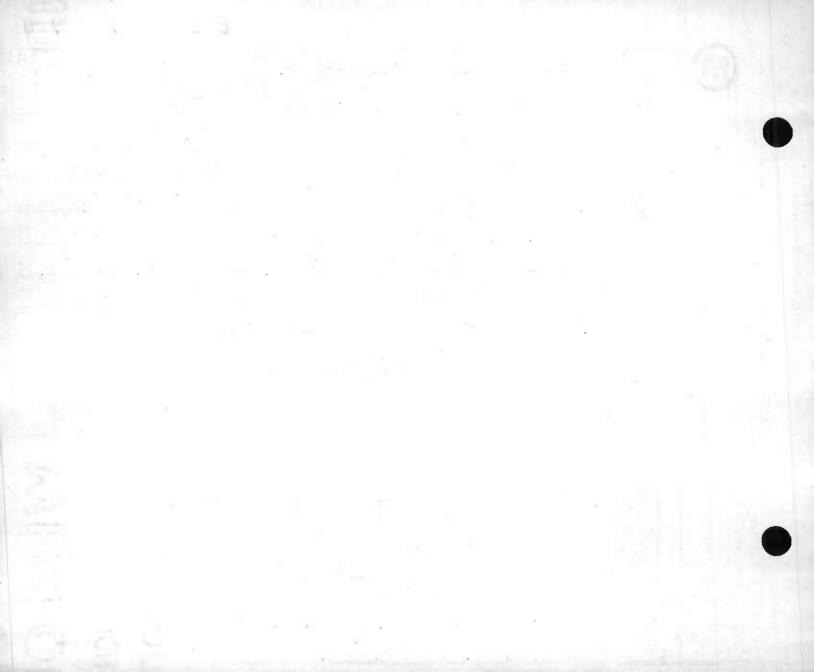
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o Cope not		ALTIMORE	11. NAME OF HOSPITAL, NURSING RESTREE KESWICK 700W	ing home or other institution (Carlot Street)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126. KIND OF BUSINESS INDUSTRY Own Hor
m ags	USU 13a	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 131 CITY OR TOW Baltim	WE ADMISSION) WN 134 INSIDE CITY LIMITS: YES 10 10 11	3811 Canterbury	y Road
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t, the med		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		ADDRESS C retta S. Eaton	Owings Mili Maryland
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ial, cremation, or y, or other traum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	pulmonar	y edema	4 Sac
or to bur	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	IN PART 11
18 shows	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	H OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
lental Hygi or Item 18		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D	DAY YEAR	URRED (ENTER NATURE OF INJORY IN ITEM 18, PART	1 OR PART 2)
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of Healt		22a 1 certify that the this hospit saw the deceased alive an above. (1) (and (did not	all attended the deceased fram.	0 70	an death occurred on the date and haur of	nd from the causes stated
h the State Dept		22h, SIGNATURE Danie	ls, h.	M. B. ATTENDING PHYSICIAN	MEDICAL STAFF	7/31/8 C
MPORTANT:		224. PHYSICIAN'S NAME (TYPE OF	Laket, J.	700 W	. 40th St. Bu	Amore 2/2
MPO						

Maryland Ball Imone x SHIT Containsury Road . PIT (SECON Mes Locatta S. E. on Metaden SZZZZZ POWER PIECE Late Heary W. Jankins & Sons Co. ASOS York Road, Balto., Md. 21212

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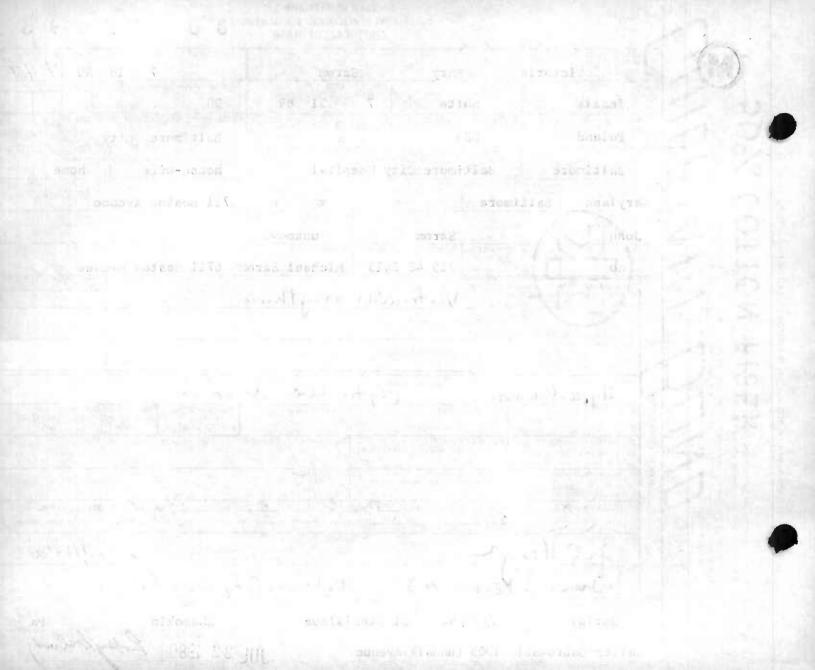
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K	1.	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	7 9	8
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Similar mu	USU 13a MA		OR OTHER INSTITUTION, GIVE RESIDE			13ª STREET ADDRESS 906 HUNTSM		2120)4
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event, the me	16s \	VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN] 1 IF YES.	GIVE WAR OR DATES	.68,7048	IT INFORMANT ELIZABETH S.	IBERSAM		e	
s any injury, or other	VION	00 0	DUE TO, OR AS A CO ICI OR NT CONDITIONS CONTRIBUT DUTR 1110N	DARIAN ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	•	
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Item 21 is			ospital) attended the decease on 124 12 I not) view the body after deat	19 <u>&0</u> ,0	nd that in my)(aur) apinian of	death occurred on the d			
IMPORTANT: IF		Melan 224. PHYSICIAN'S NAME 114	Colan PE OR PRINT)		ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		July	19
IMPORTANT:		MELVIN	COHEN			MARYCAN	D HO	SPITI	96
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	Ľ	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	
deoth		CEASED NAME FIRST Clift(MIDDLE	vigert	AST	July 16	MONTH DAY YEAR	7:20 A
	3. SE		14 RACE	DV	5. DATE C		6. AGE (IN YEARS LAST BIRT		- M
		Male	Wh	ite	TILL		64	MONTHS DAT	YS HOURS MIN
		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	7 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
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70		altimore	Belai	HOSPITAL, NURS CHEACILITY, GIVE STRE CONVE	ING HOME C ET ADDRESS) Lesar	PROTHER INSTITUTION	12a USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF Labores	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 1136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY HMITS?			
5	_	Maryland		Baltin	ore	YES NO	13. STREET ADDRESS 425 E. Nor	th Ave.Ba	alto, Md.
	14. F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST
16)	Charles		Swiger		Virginia	ADDRE		
1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT			0.1
٨		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		212-09	7791	Belair Conv	alesarium 61		ROXIMATE INTERVAL EN ONSE LAND DEATH
	IION	Conditions, if ony, which gove rise to immediate couse 101, staffing the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, CO	ALC	UENCE OF	NOT RELATED TO THE TERM			
9	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH? NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE			DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART	2
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		220.1 certify that II ohis hos	ortended th	se deceased from	11/7	/1977_19	to preser	1t 19	_, that (I) (we) lost
		saw the declared alive of above, (I) (was) did (did)	of) view the body	ofter death.		d that in (my) (our) opinion	death occurred on the d	ote and hour and from	the couses stated
1		226. SIGNATUR	usa.	n	0	DEGREE ATTENDING - PHYSICIAN .	MEDICAL STA	FF ZIAN ZIL DA	16/80
1	1 (224 PHYSICIAN'S NAME (TYPE				22e ADDRESS 5	O Scott Ad	lam Road	,
1		Luis E.Ri	vera, M				ockeysvill	e.Md.2103	50
	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 5	Burial UNERAL DIRECTOR	7-17-	-80 19	ardens	of Faith Cen	Balto. TE REC'D. BY REGISTRAR	Balt	
		NAME	7 . //.	ADDRESS	01	111	2 1 1980	M. K. GISTKAN	soolig
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10 D	1.	FOR STATE REGISTRAR		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	17994
,000		CEASED NAME / FIRST	WIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
a Alla	TITPE	ORPRINT) LEO	TABAC	LEMAN	07	DZ 80 24p,M
ge 4 may	3 SE	MACE	WHITE SDATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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filled in uld be fil	13a S	AL RESIDENCE (IF NURSING HOMEOR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	134. INSID; EITY LIMITS? YES O NO XXX	THOOLEGAN	DUCE CAT 21209
ompletely and 2 sho	14 F/	THER'S NAME FIRST HARRY	TABACKMAN	15. MOTHER'S MAIDEN NAME FIRST REBECO	HADDLE	LANDSBURG
Tee 1 3	16a V	VAS DECEASED EVER IN U.S. AR			SHIRLEY	
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death cert ending ph carbon pa on, or rem traumatic		PART I. DEATH WAS CAUSE	Illy and cause per line far of f(b), and it of by BY EE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF "	WHERIE	RRET	APPROXIMATE STREET AND OFATH
equires that the signed by the att n please remove burial, crematicity, or other		gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS CONSEQUENCE OF	ZZ	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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AL He I		226 SIGNATURE MM	my N	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	TO DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detail with the State		221 PHYSICIAN'S NAME (TYPE OF	e. Havino	SINA	1 Hospi	tol.
BP	23o. E	BURIAL BURIAL	JULY 4,1980 BNAI I	EMETERY OR CREMATORY SRAEL	BALTIMORE	COUNTMARY LANDIE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	INERAL DIRECTOR SUL . NAME 6010 REISTERST	LEVINSON & BROS., INCOMN RD. BALTO., MD	21215 250. DA	L 9 1980	SISPAR'S SIGNATURE

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	(B. H. 3887)		emale	white	05	10	96	84 Y	MOTOR	DAYS	HOURS		DEAD		7-3	19	a _M
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	의 뿐 병 때 는		TY OR TOWN		(IF)	NOT IN SUCH FAC	ILITY, GIVE S	RSING HOME TREET ADDRESS)	, OR OTH	ER INSTITU	ITION		AL OCCUPA NOST OF WORKIN		OF WORK	OR INDUST	SINESS
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MD. 2	_ 5.6.0 J	_	ATHER'S NAME		MIDDLE	ALL -		LAST		15. MOTH	ER'S MAID	EN NAME	MIDI	DLE		LAST	
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3017	H & S A S &		lying cau	se last.		(c)											
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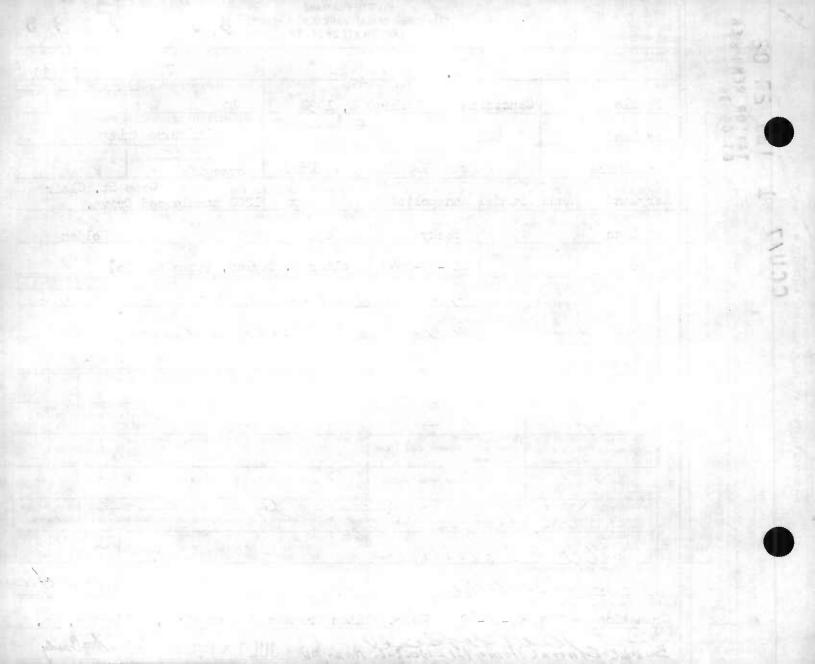
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		22a. I certii death resulta CTUAL IGNATURE		rge of the	e remains described al es , Acciden			(HeadOn Inspection micide	Undeter	Inquiry mined mo	anner		ny api		7/4/	80
7	E	XAMINER'S TYPE OR PRI	NAME I	Horm	z R.Guar	d,M.D.	ADDRESS	s111	Penn	Stre	et,Ba	alto	١,٠٠	1D 2	1201	
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					,		STAT	E OF MARYLAND				
U 8		1.	FOR STATE REGISTRAR					EALTH AND MENTAL HYC ICATE OF DEATH	FIENE 8 0	0.	7 9	98
03			CEASED NAME OR PRINT)	FIRST	A	AIDDLE		AST	28 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
D-4	£			Reme	ember	A.	गः	vlor		7 9	80	10:11
FE OF	GD	3 SE	X		RACE		5 DATE (& AGE IN YEARS LAST BIR	(HDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
7 04	nce.		Female		Caucasi	an	Marc		42	YRS.	DATS	HOURS MIN
150	at		RTHPLACE ISTATE OR FOI	REIGN 7	L CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	1 BALTIMORE CITY	_		
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urs = 1 by th	32		ITY OR TOWN OF DEAT	TH	I IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS1	Hospital	128 USUAL OCCUPAT ITYPE OF WORK FOR MOST O Housewife		126 KIND O	F BUSINESS OR
of 'c	Id be file	13a 3	AL RESIDENCE (IF NURSI	136, CONN.	OTHER INSTITUTION.		RE ADMISSION)	138 INSIDE CITY LIMITS?	13ª STREET ADDRESS 1202 Ramble	Cape	St. C	Clair
with:	yan	_	ATHER'S NAME			· · · · · · · · · · · · · · · · · · ·	-20	15. MOTHER'S MAIDEN NA		awood DI	TAG	
cuted v	and 2 s		Leon		IDDLE	Fesky		Hope Hope	WIDDLE		Holo	
and c	the me			N U.S. ARM I IF YES, GIVE Y	MED FORCES? WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	ADDR			
	papers. Pagemoval.		No			218-34	-9644	Walter L. T	aylor, (sam	e as 13e		MATE INTERVAL
requires that the death c	Then please remove carbon or re or to burial, cremation, or re any injury, or other traumat	NO	Conditions, if any, gove rise to imm couse 101, stating underlying cause PART 2 OTHER SIGN	ediote the lost.		R AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTIO	ESQU JENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON		6 G	7/5
V: The lav	W.S	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES	
PHYSICIAN: ng physician. this certifiçate	he burial transit petm and Mental Hygiene arked or Item 18 sho		218, ACCIDENT WAS UNDE OR CONTRIBUTING CA IN EITHER, NOTHY MEDICAL	AUSE OF DEAT	HOUR A	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM TO, PART I	OR PART 2)	
ENOING PHY or attending p	s the burial th and Mer marked or	MEDICAL	21d INJURY OCCURRE	ED	21R PLACE (OF INJURY EET, FACTORY, OFFICE	, FARM, ETC.]	211 LOCATION STREET	CITY OF TO	AN C	COUNTY	STATE
R ATT spital o	should be detached for use as the with the State Dept. of Health IMPORTANT: If Item 21 is many and the state of the state	12	22e I certify that (N) saw the decease above, (N) (we) (d) 22b SIGNATURE 22d. PHYSICIAN'S NA.	this hospited alive on a	view the body PRINTI PRINTI	ofter depth. 19	w	DEGREE ATTENDING PHYSICIAN [22e ADDRESS GOLD EMETERY OR CREMATORY	death occurred on the d MEDICAL STA DIRECTOR PHYSIC	FF/		
BP		- (BURIAL, CREMATION, R SPECHYI remation	EMOVAL	07-10-	1000		litan Cremato	CITY OR TOWN	cou is Arli	ing tor	state Va.
Dr	-	_	I PEMA CLON	7)	10/-10-	-00 119	ecrope		TE REC'D. BY REGISTRAR		TUR COL	UPF VEL
	1-16 25M 5, 4) 1/79	E	BEALL EN	neth	Home	1212 W	estst.		UL 1 4 1980		my fre	Cready



	1	STATE OF MARYLAND
4	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 7 9 9 9 9 9 9 1 7 9 9 9
D	1.00	REG. NO.
1 01		CEASED NAME RIST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR CORPRINT)
(MA)	3. SE	
- Con	/	VIHIE PIACK 8-16-05 17 YRS.
eoth. For and a 72 a		IRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED MARRIED OF
her dec	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 172 USUAL OCCUPATION 126 KIND OF BUSINESS OR
- 4 to 1	VB	ALTIMORE PALTS MOVE (Thy HOSPITA Retived RAIL ROAD,
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours systeion and completely filled in by spers. Pages 1 and 2 should be fill on, the medical examiner must be no	130.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS 139 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS
rely to the rely t	14 E	ATHERS NAME
RE, MARYL ecuted withi d completely es I and 2 s ical examine	0 3	TAYLOR MAGGICE PEACE
MORE,		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANU ADDRESS VES. NO OPUNKNOWN (IF YES, GIVE WAR OR DATES)
De e e se me		140 11-01-158-47/Derta Taylor 1817 11 Watte Street
ficate ficate poper toval.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:
	100	IMMEDIATE CAUSE (a) CANCIAC HYVEST
on the ce orbine corbine corbi		DUE TO, OR AS PCONSEQUENCE OF D
the death the attend remave co emotion, o		Conditions, if any, which gove rise to immediate (b) Haut Kespiralory Visited Juntaine (which
		cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
es that ned by in please urral, or oth	35	underlying cause lost. (c) UNKNOWY
RDS, 20 equires or signe Then pl to burn	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
RECORDS, low requir so been sign ermit. Then the prior to b	CERTIFICATION	Status - Dost surgical resection gastric lymphin
L RECOR	N S	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH?
TAL RI The le cion. te hos ssit per sjene	1	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 12 (HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 1 OR PART 2)
A OF VITA SICIAN: TI ng physici gentificate rial-transit entol Hygi frem 18 sh	/	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ON OF.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M., 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION
= +	MEC	21d. INJURY OCCURRED WHILE DISTANCE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK DISTANCE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DING P or after After the se os the calt hanc		27a 1 certify that (1) (this hospital) attended the deceased from 6/2/ 19/80 to 7/15 19/80, that (1) (we) last
ATTENDIN Sspirof or a SCTOR: Aff for use or of Health		sow the deceased alive an
R he he		above, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 226. DATE SIGNED
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
HOSPITAL (ined by the FUNERAL I wild be detoo by the State I OORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
O HOSPITAL TO FUNERAL Should be det with the Store MAPORTANT:		Noel Iulipan III Hamlet Hill Ka Balto.
Z 5 ± 2 3 ₹	23a.	BURIAL, CREMATION, REMOVAL 236 DAT V31. NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STATE
0 806BP	Y	Uri A 1-21-80 Median Tudo May Jones Jorsey male
DHMH - 16 50M 7/77	TA F	UNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'256. REGISTRAR'S SIGNATURE
(VR A 15 (4))	W	Illian X. Joen 1627 11. Drootwood JUL 12 1980

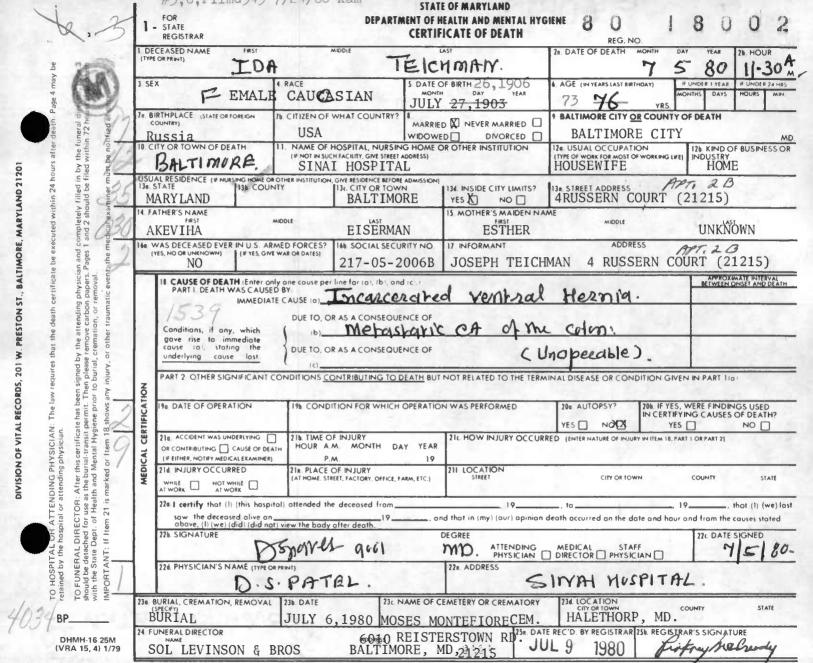
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2	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG. NO. 0 PE										0 0	
	LOE	REGISTRAR	FIRST	MED	MIDDLE	MINER'S		ATE OF DI	EATH O RE	G.NO.	3 ()	5 0
123	(TYPE OR PRINT)						LAST		20. DATE KNOV OF EST		H DAY YE.	AR 2b. НО
	3. SEX	4. RA	SAMUEL	01 111			OR DEATH MATED			7	15 19 8	
	1	male b	lack	3 5	00 80	BIRTHDAYL		HOURS MIN	PRONOUNCED DEAD	7	15 19 8	BO 242HO
	JA BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md. 10. CITY OR TOWN OF DEATH Baltimore			16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY 10 MARRIED 10 MARR					_			
1				11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SUCH FACILITY GIVE STREET ADDRESS) 216 N. Dhuglas Gt.				TION 12a USUAL OCCUPATION (TYPE OF WORK 72b, KIND OF BUSINE FOR MOST OF WORKING LIFE) OR INDUSTRY				BUSINESS
	USUA 13a. S	L RESIDENCE (IF IN P TATE Md.	13b. COUNTY	HER INSTITUTION GIVE	RESIDENCE BEFORE A 13c. CITY OR TO Balto	WN	134 INSIDE (ITY YES X	LIMITS? 13e. S	treet address 216 Doug	lass	Ct.	
		Dallas		Taylor			15. MOTHER'S MAIDEN NAME FRST Allene Taylor					
	léa. W	(AS DECEASED EVE S. NO, OR UNKNOWN)	R IN U.S. ARMED		ATES)						Dougl	as Ct
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease Arteriosclerotic cardiovascular disease									MATE INTERVAL DNSET AND DEAT	
	NO	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
7	CERTIFICATION	19a. DATE OF OPER	PATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOP	
3	CAL CERT	210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR						TEM 18 PART 1 OR	PART 2]	NOX	
	MEDICAL	WHILE NO AT WORK AT			216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)				CITY OR TOWN	C	COUNTY	STATE
		22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection XX, Inquiry , and in my apinion death resulted from: Natural causes XX, Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.DASSISTANT MEDICAL EXAMINER DATE SIGNE 7-16-80										
				orito A.	Korell	- M - D -	ADDRESS	111 Per	n Street			
2	230. BL	RIAL, CREMATION Burial	REMOVAL 23b. D	ATE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION							STATE
	23a. BL {Si	TITLE (SPECIFY) M. DASSISTANT MEDICAL EXAMINER SIGNET -16-80 EXAMINER'S NAME (TYPE OR PRINT) MAYON'I TO A KOYOLI M. D. ADDRESS 111 Pont Street BURIAL (REMATION, REMOVAL) 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. DOCUMENT OF SPECIFIC SP										

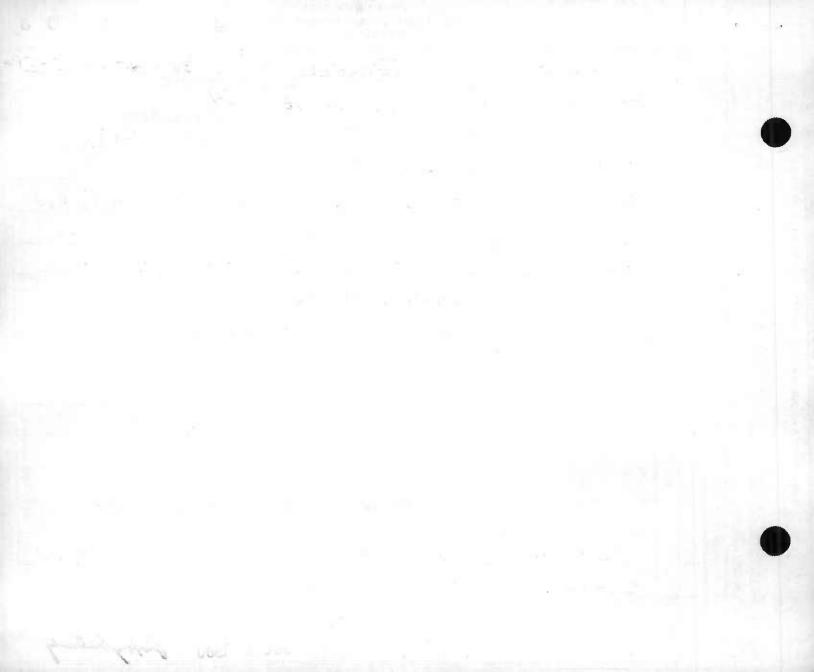
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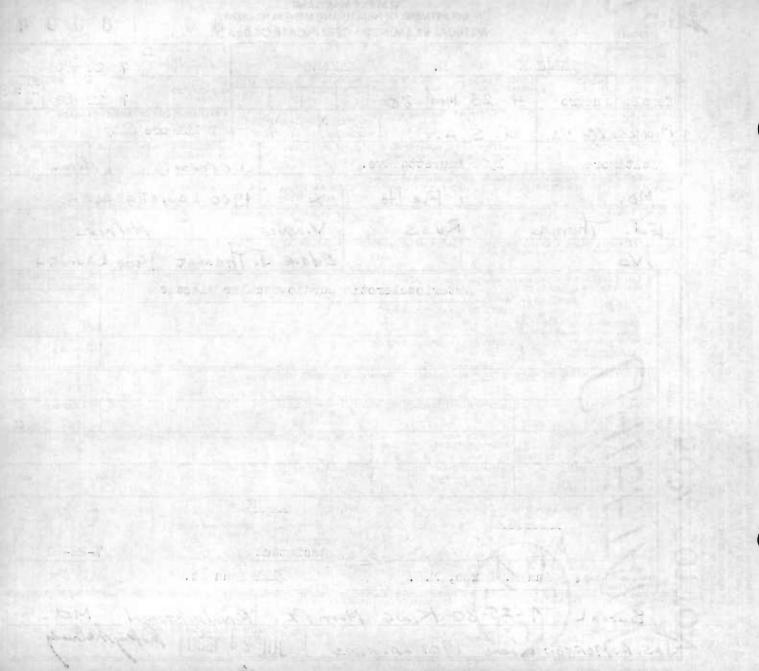
	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0	18001
(90)	I DE	CEASED NAME FIRST (CORPRINT)	DAM T	EETS	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 7/20/80 69 M
- 62 ii	3 SE	1.1	4 RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
direct direct ours a	70 B	IRTHPLACE (STATE OR FOREIGN	hite hite	March 14, 189	B BALTIMORE CITY	YRS. PRICOUNTY OF DEATH
death 72 ho		WD. USA	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Balto	iT 1 MD
by the fured within	10 C	BALTO	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESSI	120 USUAL OCCUPAT 11YPE OF WORK FOR MOST O Ret. Self	DE WORKING LIFE) INDUSTRY
24 ho	USU 13a	STATE 136 COUN		E ADMISSION) //N 134 INSIDE CITY LIMITS	S? 13r. STREET ADDRESS	
d Z se d	14 F/	ATHER'S NAME	imore / DA c	YES NO I		mrock Avenue
an an	24 - 1	Ama	Teets	Marion	ADDR	Burkholder
e be exe	1	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN] (IF YES, GIVE	war or dates) 20-28			ff Baltimore, Md.
ysicia pysicia apers. noval.		IS CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), of	dies	4	RETWEEN ONSET AND DEATH
requires that the signed by the at en please remove to burial, cremait y injury, or other	Z	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)
J: The law te has beer permit. Th iene prior shows an	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: physician. is certificate ial-transit pe lental Hygier or. Item 18 si	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1	AY YEAR	CURRED JENTER NATURE OF INJU	
DING PH ttending F After this s the buria th and Me marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21st PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	City Or TO	WN COUNTY STATE
OH ATTEND hospital or at DIRECTOR: A hed for use as Dept. of Health		220 L certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did no	ol) ottended the deceosed from_	and that in (my) (our) apir	nion death occurred on the d	ote and hour and from the causes stated
TAL OH the hosp 3AL DIRE fetached f ate Dept. NT: If Ite		22b. SIGNATURE	andila	DEGREE ATTENDIN PHYSICIA		
TO HOSPITAL OF HOSPITAL OF FORMAL DI MONITO DE Glesche with the State De MINPORTANT: If		226. PHYSICIAN'S NAME (TYPE OF	PERALA	4 U 22R. ADDRESS	ercs H	, 420
BP	(BURIAL, CREMATION, REMOVAL SPECIFY Burial	Jul 23, 1980	NAME OF CEMETERY OR CREMATO Hillcrest Cem	etery Cumbe	rland°~Wllegany, Mo
DHMH-16 25M (VRA 15, 4) 1/79		ohm J. Hafer	Lavale,	250.	UL 2 5 1980	251 Parting Assessment

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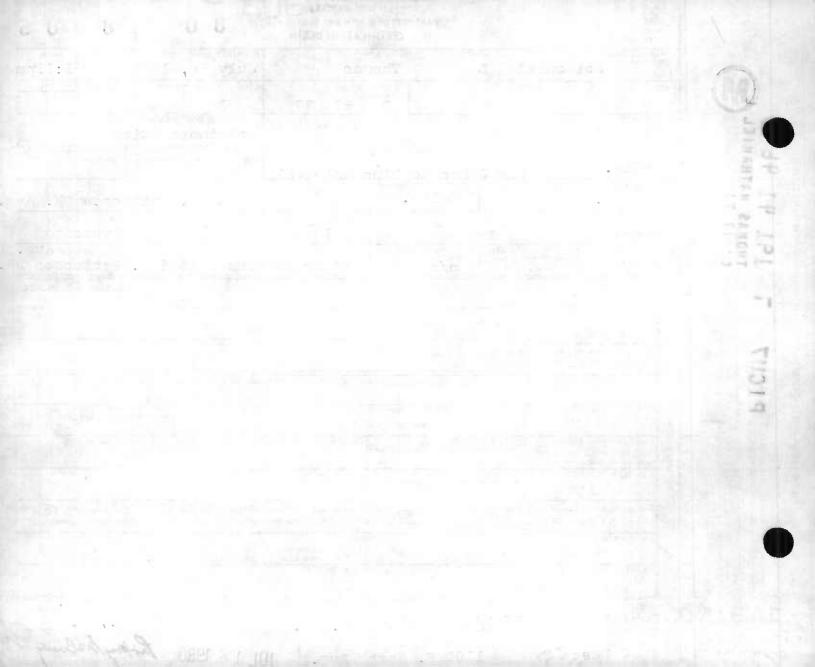


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			STAT	E OF MARYLAND		
/	FOR STATE REGISTRAR	100		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	18005
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
	Natha	niel L	Tho	mas	July 16, 198	= /41
1	3 SEX	4 RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	# UNDER I YEAR # UNDER 74 HRS MONTHS DAYS HOURS MIN
L	M	В	7	₹7 77	3 YRS.	
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	TE CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	Baltimore CITY OR COUNT	itv
7	IR CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE NURSING HOME O		12ª USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Nalto.	The Johns	VE STREET ADDRESS) HODKIN	s Hospital	TYPE OF WORK FOR MOST OF WORKING I	INDUSTRY
-	USUAL RESIDENCE IF NURSING HON 130 STATE Md . 136 CC	OUNTY INSTITUTION, GIVE RESIDENCE OF THE PROPERTY OF THE PROPE	CE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET APPRESS 1635 N. Pat	terson Pk. Ave
+	14 FATHER'S NAME			YES 🔣 NO 🗌		CCL BOIL EV. WAG
0	Marvin	Thomas	AST	Alberta	MIDDLE	Alverango
1	MAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRESS	Ave.
1	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	a	Edgar Hop	okins 1635 N	. Patterson Pl
t	/	r only one couse per line for (a),	(b) and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	PART I. DEATH WAS CA	USED BY COVAL	ac failu	ve		
- 1	17111 G IMMEI	DIATE CAUSE (0)				
- 1	1761	DUE TO, OR AS A CON	SEQUENCE OF	mital heart di	sease.	
- 1	Conditions, if any, which		otio conge	MUGGELL FILEMENT CAL.		
- 1	gave rise to immediate cause (a), stating the		NSEQUENCE OF			
- 1	underlying cause last	(10)				
		NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
\dashv	190 DATE OF OPERATION TIST 80 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED
l	7 15 80	Cyameticas	ngenitaline	ourt disease		IFYING CAUSES OF DEATH?
7	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18.	
4	OR COLUMN TOWN CALLER OF	DEATH HOUR A.M. MONT	TH DAY YEAR			
П	(IF EITHER, NOTIFY MEDICAL EXAMI		19			
1	(IF EITHER, NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
- 1	WHILE NOT WHILE D				- 10	6.5
	220 certify that (I) This ha	ospital attended, the deceased	from Ju	ly 1 19 80	to July to	19 80 , that (I) We lost
		on July (4		nd that in (my) (our popinion	death occurred on the date and ha	
		nat) view the bady after death				
۱.	326. SIGNATURI	epond		M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7 16 80
4	224. PHYSICIAN'S NAME (TO	PE OR PRINT)		224 ADDRESS	_ DIRECTOR _ PRISICIAN _	110
		Shepavd			ns Hospital, Balti	move, Md.
7	230 BURIAL, CREMATION, REMO		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial	7/21/80	King	Mem. Pk.	Baltimore	Co., Md.
	24 FUNERAL DIRECTOR			25e. DA1	TE REC'D. BY REGISTRAR 256. REGIS	
,	Wm C March		RESS	1 2	11 1 2 1980	interes Mc Crody



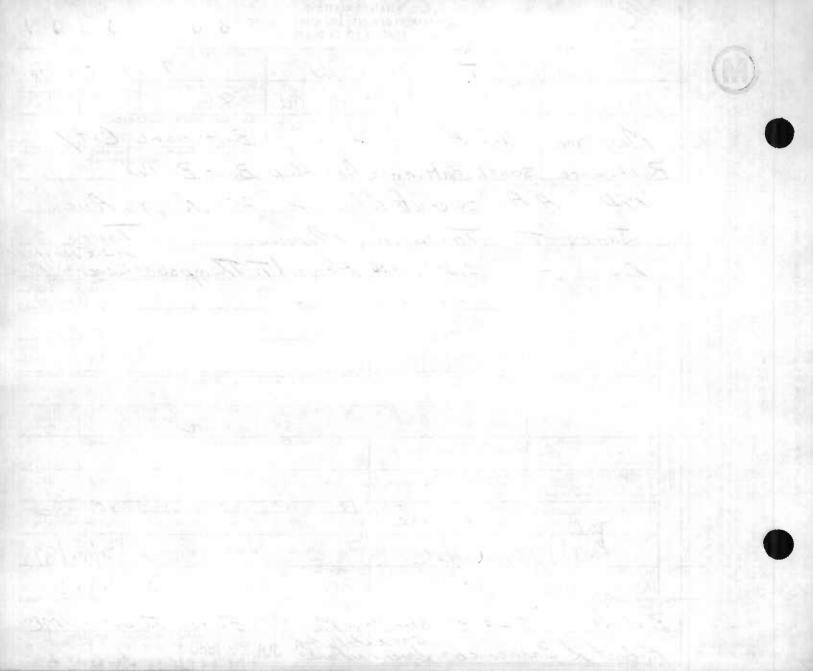
		1.	FOR STATE REGISTRAR,		ME		MENT OF					AH U	REG.	NO	3 (0	6
			ECEASED NAM	E FIRST		WIDDLE			LAST			2a DATE	KNOWN		H DAY	YEAR	Zb. HOU
	RS. SE		THE OKTANIA	Oliv	ia				Thoma	S		OF DEATH	MATED	G 7	17	19 80	
	RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS	3. SI	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN Y	EARS IF UN	IDER 1 YR.	IF UNDE		2c. DATE		MONT		YEAR	26 HOU
	DIRE DOUR 72 I	0	female	negro	3 15	13		RS.	HS DAYS	HOURS	MIN,	PRONOUN DE AD	NCED	7	17	19 80	7p
	SE . 4 57	7 7a.	BIRTHPLACE (S		76. CITIZEN OF W	HAT COUN	ITRY?	B. MARR	ED NE	EVED MADE	DIED []	9. BALTIM	ORE CIT	Y OR COU			1 / 0 .
	A PORCE	N		Unkn	USA			WIDOW			CED O	Balt	imor	e Cit	v		
		110	CITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NU	RSING HOM	E, OR OTH	ER INSTITU	NOIT	12e. USU	AL OCCUI	PATION (TYPE OF WOR	K 12b. KI	ND OF BU	
	A PAGE	X.	Baltin	nore	1532 V	V. Fay	rette	St.			FORM	NOST OF WOR	KING LIFE)			R INDUST	RY
_		USU 13a	IAL RESIDENCE STATE	(IF IN NURSING HOME OF	ROTHER INSTITUTION, C	IVE RESIDENCE	OR TOWN	ION)	has more	CITY LIMITS?	lya, erne	ET ADDRE					
2120	ANY CANADA	5	Md.	130. COOK		Bal			YES X	NO [yette	St		
0.2	INA	14.1	ATHER'S NAME		WIDDLE		LAST		15. MOTH	ER'S MAID				70000	00.		
E, M	DEAT SES I M PA AND AND	0	Unkn		MIDDLE		LAST		Ur	rikn		M	IDDLE			LAST	
AOR	FORM FORM SS 1 AN	160.	WAS DECEASE	DEVER IN U.S. ARM	NED FORCES?	16b. SO	CIAL SECURI	Y NO.	17 INFOR				ADDRE	SS			
LTIA	URS AFT B. GIVE WITH F PAGES DIVISION		No	(IF TES, GIVE V	VAK OR DATES	Unk	n		Nath	nasel	Karir	n	514 T	Wilso	n St		
BA	WILL WILL		18 CAUSEO	F DEATH (Enter only	y one couse per lin	e for (o), (b), and (c).)								A	PPROXIMAT	E INTERVAL
I ST.,	ER 1 ER 1 ERMIT		PARTIDE	ATH WAS CAUSED			nary er	nboli							BET	WEEN ONSE	T AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON	A P O J		415	/		R AS A CON	SEQUENCE	OF			de la		1 3				
PRES	ENCIL IN AMINER TRANSIT ENTAL HY REMOVA		Condition	ns, if ony, which se to immediate	(b)			1913									
3	AMIL TRA			stating the under-	DUE TO, OF	R AS A CON	SEQUENCE	OF	100				5770				
301	EX. P.		lying cou	ise lost.	(c)												
DS,	"PENDING" IN "PENDING" IN EF MEDICAL E SED AS A BURI HEALTH AND CREMATION, C		PART 2 OTNER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TER	AINAL OISEASI	OR CONDITIO	ON GIVEN IN P.	ART 1 (a).			- 1			
0	PENDIN PENDIN F MEDI ED AS A HEALTH	CERTIFICATION															
I RE		3	19a. DATE OF	OPERATION	19b. COND	TION FOR	WHICH OPE	RATIONW	AS PERFOR	RMED?					20 /	UTOPSY	?
ATIV	ATE SHO THE CHII TO BE US RENT OF BURIAL	E				300		30.5	200							YES 🛣	NO 🗌
OF	CERTIFICATE STING THE WOLD THE	Ü	21a. EXTERNA	L CAUSE WAS	216. TIME O HOUR A.A		DAY YEA	21c. HC	OW INJURY	YOCCURR	ED (ENTERN	ATURE OF INJ	URY IN ITEM	18 PART 1 OR	PART 2)		
ON	RTIFICAT IG THE V TO TH SHOULD PARTMEL OR TO BU	CAL	CONTRIBUTI	NG CAUSE OF D			19										
IVIS	CERTING TOPED TOPE	MEDICAL	21d. INJURY C	OCCURRED NOT WHILE	21e. PLACE STREET, FAC	OF INJURY			CATION		8 0	CITY OR TOX	WN		COUNTY		STATE
۵	E. THIS FE, WRII DRWARD PAGE STATE 21201 P	1	AT WORK	AT WORK											.001111		STAIL
	R: T ORW ORW E ST , 212		22a. I certif	fy that I took charge	of the remains de	scribed obo	ve, held an	Autops	x X	Inspectio	n .	Inquiry		ond in my	opinion		100
	AND THE AND TH		death results		al causes X;	Accident		icide .	Homi			rmined mo	-	7.			
	XAA EERT ID E			. 1	1 10					SPECIFY)							
	AAL DOUGH		ACTUAL SIGNATURE_	Ungen.	ra ZA	blan	00	M	Ass:	istan	t_MEDI	CAL FXAM	INFR	DAT	E 7-	18-8	0
	DIC STEEL THE THE STEEL	5	EXAMINER'S	0			7.65							3.0			
	SECUL SECUL	~-	(TYPE OR PRIN	VI) VI	irginia I	Dol	an, M.	D.	ADDRESS_	11	1 Pen	n St.					
	TO MEDICAL EXAMINER: 1 EXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORY. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	23a.	SPECIFY)	TION, REMOVAL 23	b. DATE	23c. h	NAME OF CE	METERY O	RCREMAT	ORY	23d. LOC	CATION		cc	YTHUC	51	ATE
0	BP		Burial	7	7/28/80	M	t. Cal	vary	Cem.		Anı	ne Ar		1 Co.	, Md		
U.	DHMH - 17 (VR A15 ME (5))	24.	UNERAL DIREC		- ADDRES			- -		250. DATE	REC'D. BY			COTRAR'S	SIGNAT	URE	
	15M 7/77		wm C Ma	rch F/H	1101	E. N	orth A	ive.		JU	128	1980	1	- Total	1110	Made	7

66 C A 8 M				
			The sale	an Vanet
		Status Marine		
	anngalmak nas Lid			

The Market Chicago Service 19th and 18 1940 In the

	tems #18 FOR STATE REGISTRAR	3a-22a Fi		130/80 STA			TAL HYGIEI	AGU U		8 U	0 8
(7	ECEASED NAME YPE OR PRINT)	First		middle ristopher		Thoma		20. DATE KNOW OF ESTI- DEATH MATE	G. NO. MONT		9 80 2b. HOUR
6	male BIRTHPLACE (STA	white	an. 13, 1	1969 LAST BIRTHD	RS.	DAYS HO		2c. DATE PRONOUNCED DEAD 9. BALTIMORE C	7	30 ₁₄	980 p2:5
75	Pa. CITY OR TOWN C		United St		WIDOWE	D D	MARRIED XX IVORCED 1120. US	Baltim	ore (City	ME D OF BUSINESS
USL	altimore		John	EITY, GIVE STREET ADDRESS) S Hopkins RESIDENCE BEFORE ADMISSE	ON)		52	most of working life)	OR JI	NDUSTRY
10	Pa. FATHER'S NAME	136 COUNTY	oter	West Grov	1e		MITS? 13e.ST	# 2 Box	99, We	odvie	ew Rd.
7) 160.	Rev. Rob.	EVER IN U.S. ARME		Thomas		FIRST	olyn	MIDDLE	RESS	Throw	ver
3 160.	YES NO, OR UNKNOW		AR OR DATES) One couse per line fo	NOKE		Rev. R	obert A	. Thomas,	RO #2	Box99	P. West
ON, OR REMOVAL.	Canditions gave rise cause (a) s lying couse	THWAS CAUSED E IMMEDIATE , if ony, which to immediate to immediate to immediate to immediate to immediate.	CAUSE (a) Pur (DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE O	OF OF			plication	18	BETWEE	EN ONSET AND DEATH
CATION	PART 2 DINER SIGN			T NOT RELATED TO THE TERM						20 AU	ITOPSY?
CAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS	()	NJURY MONTH DAY YEAR 7/24/19			CURRED (ENTER	NATURE OF INJURY IN IT	M 18 PART 1 OR		s x NO 🗆
MEDICAL	214 INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	71e PLACE OF STREET, FACTOR at ho	RY, FARM, ETC.)	21f. LOCA		West G	CITY OR TOWN		COUNTY Pe	state
8	220. I certify death resulted ACTUAL SIGNATURE	1 1		ibed obove, held an	Autopsy icide	Homicide TITLE (SPECI	Unde	Inquiry , termined monner (ond in my DAT	E 7/	/31/80
730	EXAMINER'S N (TYPE OR PRINT	AME HO		Guard, M.D.				Street, Ba	alto.,	MD 212	
	Buria FUNERAL DIRECT	L Au	19.2,1980	London G		riends	We	est (heste	en Che	e <i>ater</i> s signatur	Pa. RE
9	ee Funer	al Home, T	A. 259 E	Maint &	Ukton	m	AUG 0	4 i980	Firston	y Mal	heady

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		Salah Janah			
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executed within 24 hours af

1	1 -	FOR STATE REGISTRAR			DEPARTM	AENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGI	0 (G. NO.	1 8	0	1	0
	1. DECE (TYPE O		FIRST NNA		MIDDLE	THOM	PSON		20 DATE OF DEA	TH MONTH	-22-	YEAR	26. HOL	JR 19 E
	3. SEX	FEMALE	4	RACE WHITE	3	5. DATE C			6. AGE (IN YEARS LA			R 1 YEAR DAYS	IF UNDER	R 24 HRS
>	MAI	HPLACE (STATE OR F NTRY) RYLAND		U.S.A.	WHAT COUNTRY?	MARRIE! WIDOWE	D NEVER MARRIED		BALT IM	_		ATH		MD.
C	BAL	TIMORE	s	T"AGN	ES HOSP	TAL	OR OTHER INSTITUTION	4	120. USUAL OCCU (TYPE OF WORK FOR A HOUSEW I	OST OF WORK		KIND O OUSTRY	F BUSINI	ESS OR
1	13a ST.	RESIDENCE (IF NUR. ATE (LAND	SING HOME OR OT	THER INSTITUTION, Y	BALT IMO	N	134 INSIDE CITY LIMIT	rs?	30 STREET ADDR 2111 WIL	HELM S	ST.			
2	14 FATI	HER'S NAME WILLIAM	MIC	POLE	DORNER		15. MOTHER'S MAIDEI MAMTE	NAM	AE MID	DCE	UN	KNÓŴ	ĺN	4,
		S DECEASED EVER , NO OR UNKNOWN) NO	IN U.S. ARME		215-05-63		CALVIN M.	THO		SOUTI		ROA	D	
		Conditions, if any gove rise to imm cause (a), statin underlying cause	AS CAUSED IMMEDIATE , which mediate ng the lost. NIFICANT CO	DUE TO, OI DUE TO, OI DUE TO, OI CC NDITIONS CC	ONTRIBUTING TO D	NCE OF NCE OF STATE BUT	OC UA	40		CONDITION	Jonelia 1 GIVEN IN I	PART I(c		
7	RTIFIC	DATE OF OPERA		21b TIME O		OPERATIO	N WAS PERFORMED	CUPP	YES NO	N CI	FYES, WERI ERTIFYING O	CAUSES		TH?
	CAL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA	YEAR 19		CORR	LED TEMIER MATORE	A HAJORT HA HE	m re, raki i Ok	7 081 4		
		Id INJURY OCCUR	HILE [21e PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY	OR TOWN	To Be	VINITY VIA ACC	s	STATE
		20 I certify that (1) saw the decease above, (1) (we) (ed alive on 2	20 An	19_5		and that in (my) (aur) ap	inian d	death accurred an	7 2. the date and		rom the		tated
		26. SIGNATURE	13.1	nath	au.		DEGREE ATTENDIO PHYSICIA	NG AN	MEDICAL DIRECTOR P	STAFF HYSICIAN		DATE 7 ~	22 -	

22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

BP_____ DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior with the State Dept. of Health and Mental Hygiene prior MROBTANT: If tem 21 is marked or Item 18 shows an MROBTANT:

ATTENDING PHYSICIAN:

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME

230 BURIAL, CREMATION, REMOVAL BURIAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

7/25/80

4107 WTEMENS AVE. BALTIMORE, MD. 21229 23d LOCATION
CITY OR TOWN
BALTIMORE

AGNES HOSPITAL,

COUNTY

MD.

900 S. CATON AVENUE

JUL 24 1980

BALTIMORE ST AGNES HOSPITAL 42 (47)

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See 112 Secretary Complete Note that the Marie Machine Mari De La Contra de La ITARE aprilian ment of course compressed STEEL OF LAND CONTRACTOR OF THE STEEL OF THE

11.										
	STATE REGISTRAR		٨	MEDICAL EXAM	INER'S CERTIFICA	TE OF DEA	PH REG	NO.	0 1	
	ECEASED NAM	E FIRST		WIDDLE	LAST	2	OF ESTI-		OAY YEAR	2b 1
1	PEORPRINT	Pete	ar .		Thompson		OF ESTI-	7	12 19 80	
3. SE	X	4 RACE	S. DATE OF BIR	RTH 6. AGE (NYEARS IF UNDER 1 YR. IF L	INDER 24 HRS. 2	c. DATE	HTMOM	DAY YEAR	
N	fale	Black	9 29	1897 82	YRS.	URS MIN. P	RONOUNCED	7	12 1,80	ha
. 8	BIRTHPLACE (S	TATE OR		F WHAT COUNTRY?	1	- 1	. BALTIMORE CIT	Y OR COUN		
-	OREIGN COUNTRY)				MARRIED NEVER	MARRIED		nore Ci		
ID C	ITY OR TOWN	OF DEATH	USA	HOSPITAL NURSING HO	OME OF OTHER INSTITUTION	IVORCED LIST	AL OCCUPATION			LICINIE
	Baltimo		(IF NOT IN SUC	CH FACILITY, GIVE STREET ADDRE	SS)	FOR MO	OST OF WORKING LIFE)		OR INDUS	TRY
			OR OTHER INSTITUTION	Leadenhall S	Street	Ret	ired -La	aborer	Gas &	E1
13a	STATE	136. COUI		13c. CITY OR TOW	N 13d INSIDE CITY LI		ET ADDRESS			
	Md			Balto			9 W. Le	adenha	all Stre	et
14. F	ATHER'S NAME		MIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	WIDDLE		LAST	1
	Paul		T	hompson	Luci	nda	2 1917	Clar	k	
16a.	WAS DECEASE! YES, NO, OR UNKNO	DEVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU	RITY NO. 17. INFORMAN	T	ADDR	ESS		
	No			212 05 3	3481 Alice C	aines 1	109 W. J	Læader	nhall St	ree
	18 CAUSE O	F DEATH (Enter o	nly ane cause per	line for (a), (b), and (c).)					APPROXIMA BETWEEN ONS	TE INTE
	PARTIDE	ATH WAS CAUSI	ED BY:	A		rolinge	Disassa		BETWEEN ON 3	ELAND
	11-	IMMEDIA	ATE CAUSE (o)	Arterioscie	erotic Cardiov	abculat	DIDEGGE			
	45	IMMEDIA		OR AS A CONSEQUEN	erotic Cardiov	asculat	Dipease			
		ns, if any, which	DUE TO,			ascular	Disease			
	gove ris	ns, if any, which ie to immediate stating the <u>under</u>	b DUE TO,		CE OF	asculat	Disease			
	gove ris	ns, if any, which ie to immediate stating the <u>under</u>	DUE TO,	OR AS A CONSEQUEN	CE OF	asculai	Disease			
	gove ris cause (o) lying cou	ns, if any, which se to immediate stating the <u>under</u> se lost.	DUE TO, (b) DUE TO, (c)	OR AS A CONSEQUENC	CE OF		Disease			
NO	gove ris cause (o) lying cou	ns, if any, which se to immediate stating the <u>under</u> se lost.	DUE TO, (b) DUE TO, (c)	OR AS A CONSEQUENC	CE OF		Disease			
ATION	gove ris cause (o) lying cou	ns, if any, which the to immediate storing the under se lost.	DUE TO, (b) DUE TO, (c) S CONTRIBUTING TO DE	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE	CE OF	N IN PART 1 (a).	Disease		20 AUTOPS	(?
IFICATION	gove ris cause (o) lying cou	ns, if any, which the to immediate storing the under se lost.	DUE TO, (b) DUE TO, (c) S CONTRIBUTING TO DE	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE	CE OF CE OF FERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a).	Disease		20. AUTOPS)	
ERTIFICATION	gove ris cause (o) lying cou	ns, if any, which the to immediate storing the under se lost.	DUE TO, (b) (C) (C) S CONTRIBUTING TO DE 196. CON 216. TIME	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE NOTION FOR WHICH O	CE OF TERMINAL DISEASE OR CONDITION GIVE PERATION WAS PERFORMED	N IN PART 1 (a).		A 18 PAOT 1 COD	YES 🗆	
AL CERTIFICATION	gove riscause (a) lying cou PARI 2 OTHER SII 19a. DATE OF 21a. EXTERNA UNDERLYING	os, if any, which is to immediate state of the under select. SNIFICANT CONDITION OPERATION L CAUSE WAS	DUE TO, (b) DUE TO, (c) S CONTRIBUTING TO DE 19b. CON 21b. TIME HOUR /	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE NOTION FOR WHICH OF OF INJURY A.M. MONTH DAY Y	CE OF CE OF FERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a).		M 18 PART I OR PA	YES 🗆	
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MEDICAL CERTIFICATION	gove riscouse (o) Jying cou PARI 2 OTHER SII 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUT III 21d. INJURY C	one, if any, which is to immediate state of the under select. SHIFICANT CONDITION OPERATION L CAUSE WAS OR NG CAUSE OF	DUE TO, (b) DUE TO, (c) S CONTRIBUTING TO DE 19b. CON 21b. TIME HOUR A	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE NOTITION FOR WHICH OF E.O.F. INJURY A.M. MONTH DAY Y F.M. TO OF INJURY (A) HOME	CE OF TERMINAL DISEASE OR CONDITION GIVE PERATION WAS PERFORMED EAR 21c. HOW INJURY OCC	N IN PART 1 (0). ? CURRED (ENTER NA	NTURE OF INJURY IN ITEA		YES T	NO
MEDICAL CERTIFICATION	gove riscouse (o) Jying cou PARI 2 OTHER SII 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK	OPERATION L CAUSE WAS OR G CAUSE OF	DUE TO, (b) (C) S CONTRIBUTING TO DE 196. CON 216. TIME HOUR DEATH	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE NOTITION FOR WHICH OF E.O.F. INJURY A.M. MONTH DAY Y F.M. TO OF INJURY (A) HOME	CE OF CEMINAL DISEASE OR CONDITION GIVE PERATION WAS PERFORMED EAR 21c. HOW INJURY OCCURRENT STREET	N IN PART 1 (0). ? CURRED (ENTER NA	LTURE OF INJURY IN ITEA CITY OR TOWN	CO	YES THE YES THE YES	N
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MEDICAL CERTIFICATION	gove riscouse (o) lying cou PARI 2 OTHER SII 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK 22a. I certif deoth resulte	OPERATION L CAUSE WAS OR CCURRED NOT WHILE AT WORK y that I took	DUE TO, (b) DUE TO, (c) S CONTRIBUTING TO DE 19b. CON 21b. TIME HOUR ANN DEATH	OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE NOTITION FOR WHICH OF E. OF INJURY A.M. MONTH DAY Y P.M. TO OF INJURY A	CE OF CE OF CE OF CERMINAL DISEASE OR CONDITION GIVE PERATION WAS PERFORMED EAR 21c. HOW INJURY OCC STREET Autopsy , Ins. Noticide , Homicide	Pectian , Undeter	LTURE OF INJURY IN ITEA CITY OR TOWN Inquiry ************************************	CO	YES THE YES THE YES	NO
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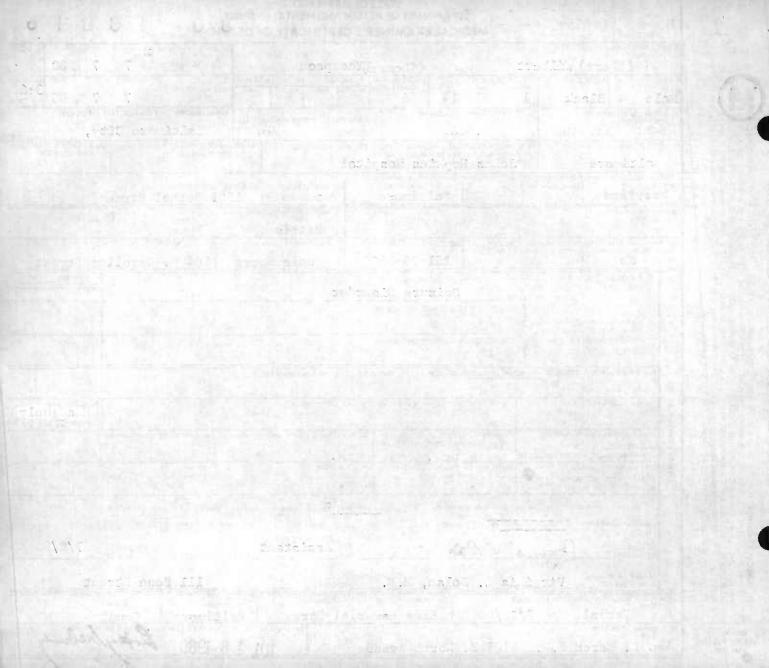
	*		1 -	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	E OF MARYLAND TEALTH AND MENT FICATE OF DEAT		₿ Ü.	18	0 1	-14
(Dogs to the death		TYPE	CEASED NAME FIRST OR PRINT) GER BRUCE	THO 4 RACE	mpso	n) JE	Baby B	04		7 2	NDER I YEAR I	HOUR A
-	Poste &	ej.		RTHPLACE (ISTATE OR FOREIGN	White	e WHAT COUNTR	6	30 8	30	NB BALTIMORE CITY O	YRS	2	IOURS MIN
	er antiti ie funeral within 72	29		USA ITY OR TOWN OF DEATH	USA	HOSPITAL NUR	WIDOW	D NEVER MARRIED DIVORCE	ED L	Ba1	timore	City,	MISINESSOE
201	by th	O free led		Baltimore	St. A	gnes Hos	spital			YPE OF WORK FOR MOST OF NONE		NONE	30311 1233 011
ND 21	hin 24 hav ely filled in shauld be	S Salah	43a. S	AL RESIDENCE (IF NURSING HOME STATE MD H36 COL		13c CITY OR TO		1	\$		706 Ty	-	
MARYLAND	with day	O Cexamine	14. FA	THER'S NAME Roger	MIDDLE B.	Thomps	on	15 MOTHER'S MAIL Sheil		MIDDLE		Bark	- STORY 1015
BALTIMORE, A	n and camp	the medicale		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G NO	ARMED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMANT Roger B.T	homps	Havre de	Grace, lings Ro	Md. 2]	L078
35, 201 W. PRESTON ST.,	quires that the death certificate signed by the attending physic hen please remove carbon pape to buriol, cremotion, or removal.		Z	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b)	R AS A CONSEC TMM R AS A CONSEC	QUENCE OF	RAL HEM			DITION GIVEN	IN PART 1(0)	
DIVISION OF VITAL RECORDS,	he law recan. has been t permit. I	aws any	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	DN WAS PERFORMED		200. AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING	SS USED OF DEATH?
N OF VITA	HYSICIAN: Tinding physicing physicin	Hem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ER) HOUR A	M. MONTH M.	DAY YEAR		OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
IVISIO	4G PHY attendi	marked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	IE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	TO HOSPITAL OR ATTENDIN retained by the haspital ar TO FUNERAL DIRECTOR: Af should be detached for use a suith the State Deat, of Health	them 21 is		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 278. SIGNATURE 224. PHYSICIAN'S NAME (TYPE	on not) view the body	ofter death.		, 19, nd that in (my) (our) of DEGREE ATTEN PHYSIC 22e ADDRESS	DING /	, to	F CIAN D		
	TO HOSI retained TO FUN should b	IMPOR	230 5	Bert F. Mo			R NAME OF		Baltin	nore, MD 2			
	BP		(Burial			Angel 1			Havre de		Harford	d Md.
	DHMH - 16 50M 1/ (VR A 15 (4))	76	24. FI	UNERAL DIRECTOR NAME Tring Funeral	Home, P.	A., Aber	deen, M	d. 21001	JUL PATE RE	9 1980	25b. RIA ISTRA	Y STENATOR	RE

Grantan or State to the total and . DE PER DEC MA

		FOR	DEDECT	MENT OF HEALTH AND MENTAL HY	O Carrier	1 2 0	1 5
1	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH		100	, ,
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR	26 HOUR
8 25	(TYPE	TAMARA	1244	Turner	0	7 12 80	1.00 P M
	3. SE		RACE	I HO MPS & M	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
【图】		EE MALE	^	MONTH DAY YEAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTHS DAYS	HOURS MIN
	70 BI	RTHPLACE (STATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	06 30 80	9 BALTIMORE CITY OF	YRS. 13	
# 72 87		OUNTRY)	LAC A	MARRIED NEVER MARRIED	2.	COUNTY OF DEATH	
4 14 14	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL NUIDSIN	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	D. CITY	F BUSINESS OR
Market 1 after		BALTO	HOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF		7 BOSINESS OK
212 d in d be		AL RESIDENCE (IF NURSING HERE)	HER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS		
LAND 2 hin 24 h	7	Maryland Harfo			706 Tyding	s Road	
RYL, within 42 st day	14. FA	THER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAS	,
MAN mple			OCE THOMPS		***************************************	BARK	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN: The law requires that the death certificate be executed within 24 hauring physician. Wher this certificate has been signed by the attending physician and campletely filled in the state buriol-transit permit. Then please remove cotanopapers. Pages 1 and 2 should be fill to the and having the prior to buriol, cremation, or removal, and the medical examiner must be expected or them.	7 160 V	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES]	JRITY NO. 17 INFORMANT	Havre de G	race, Md. 2	1078
ALTIN	-	No Linear as Status	None	Roger B. Thom	pson, 100 Tyd		MATE INTERVAL DNSET AND DEATH
ST., BAL rtificate a physici an paper emaval.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	BY:		C.		INSET AND DEATH
ng p ban rem		IMMEDIATE	CAUSE (0) ESPI	RATORY VIST	KEIS OIL	OROME	
101 W. PRESTON 11 that the death ce d by the attending lease remost control incl. cremation, or r		169-	DUE TO, OR AS A CONSEQU			188	
REST death		Conditions, if any, which gove rise to immediate	(b) + mm	ATURITY			
A the three recent the three recent the three recent thre		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
s that ed by elease rial, a			(c)				
RDS, 21 equires n signe Then p	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110	11
or red	CERTIFICATION	190 DATE OF OPERATION	101 CONDITION FOR WHICH	OPERATION WAS PERFORMED	70a AUTOPSY?	206. IF YES, WERE FINDIN	ICC HEED
I RECO	FFC	196 DATE OF OPERATION	The Condition for which	OFERATION WASTERFORMED		IN CERTIFYING CAUSES	OF DEATH?
TALRE in The land in the has not it per region en shaws	- 5	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES X NO	YES 🗌	ио 🗌
VISION OF VITAL G PHYSICIAN: The antending physicio artending physicio this certificate is the buriol-transit ond Mental Hygie ked or item 18 shar		OR CONTRIBUTING CAUSE OF DEATH			RED (ENTER NATURE OF INJURY	/ IN ITEM 18, PART 1 OR PART 2)	
SKCIA ng pl certif virial-tr kental	N N	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
DIVISION OF VI NDING PHYSICIAN: If or attending phys Rea After this certification use as the buriof-trandeoth and Mental Hy is marked or item 18	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
NG har of the orker orker	1	AT WORK AT WORK					
300		220.1 certify that (1) (this hospital) ottended the deceosed from_		, to	. 19	that (I) (we) lost
R ATTEN hospital RECTOR hed for used for uset of H		saw the deceased plive on above, (1) (we) (did) (did nat)	view the bady after death	, and that in (my) (aur) apinion	death accurred on the do	te and hour and from the	causes stated
a de		226. SIGNATURE	/	DEGREE		77c. DATE	SIGNED
, E , E , E		Best 7	· Morton	m.D. ATTENDING PHYSICIAN [MEDICAL STAF		13.1980
A Se E		224 PHYSICIAN'S NAME (TYPE OR PE	RINT)	27e ADDRESS	,		
TO HOSPITAL retained by th TO FUNERAL should be det with the State		BEDT F	MORTAL	ST. AGN	ES HOSPIT	TA-1	
Show with	730 F	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP	1	SPECIFY]			CITY OR TOWN	race Harfo	rd Md.
	74 FI	Burial UNERAL DIRECTOR		ngel Hill Cemetery		Frace Harion	
DHMH - 16 50M 1/76 (VR A 15 (4))	Te	rring Funeral Ho	ome P.A. Aberde	en.Md. 21001	JL 1 7 1980	Tirkry/200	secoly

THE RESERVE WILLIAM STREET TO THE REAL PROPERTY OF THE PARTY OF THE PAR

	F	OR Item	s 21b	21f.8	22a	EDADT	STATEMENT OF I	TE OF A	AARYLAI	ND ENTAL H	VCIEN						
	1 - 5	TATE Fil	m-G5471	9-24	-SMED	ICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	3H U	REG.	NO.	3 ()	, 6
ı		EASED NAME	FIRST			WIDDLE	Wa.		LAST			20. DATE	KNOWN		H DAY	YEAR	Zh HOUR
l	(1117		rt) Wilb	ur			(Thoma	s) Th	ompso	a		OF DEATH	ESTI- MATED	□ 7	7	19 80	
1	3 SEX		RACE	5. DATE C	OF BIRTH	YEAR	6. AGE (IN YE)	RS IF UN	DER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY		3:20
L	Ma1		Black	1	1	14	66 YR	MOITI	DATS	HOURS	WIN	DEAD		7	7	19 80	D W
I	FOR	THPLACE (STA		7b. CITIZE	N OF WH		ITRY?	8. MARRI	ED NE	VER MARRI	ED 🛣			OR COU			
l	S	outh Ca			U.S			WIDOW		DIVORC				ore C			MĐ
	F	y or town o Baltimo:	re	Jo	hns I	lopk i	RSING HOME TREET ADDRESS) INS HOS	pita		TION	12a USU FOR M	AL OCCUP NOST OF WOR	PATION (1 KING LIFE)	TYPE OF WORK	12b. K	IND OF BU OR INDUST	ISINESS RY
	13a. ST.	RESIDENCE (II ATE aryland	13b. COUN	OR OTHER INST	ITUTION, GIVE	13c. CITY	OR TOWN		13d INSIDE C	ITY LIMITS?		ET ADDRE		Stre	et		
ĺ	14. FA	THER'S NAME		MIDDLE			LAST		15. MOTH	R'S MAIDE	N NAME	**	IGDLE			LAST	
		FIRST		MILITE			ru31			ttie		M	NODEL .			(A3)	
ľ	16a. W.	AS DECEASED	EVER IN U.S. AR	MED FORC	ES?	16b. SOC	IAL SECURITY	/ NO.	17. INFOR	THAN			ADDRE	SS			
l	(1.20	No	(14)	WAR OR DATE		251	L-26-34	20	An	nie M	oore	1204	4 N.	Carol	ine	Stre	et
		18. CAUSE OF	DEATH (Enter an	ly ane cous	e per line f	ar (a), (b), and (c).)						- 11		BEI	APPROXIMAT	E INTERVAL T AND DEATH
		PARTIDEA	TH WAS CAUSE IMMEDIA	TE CAUSE	(0)	Seiz	zure Di	sord	er							1	
ı		7803	3		ETO, OR A	SACON	ISEQUENCE C	OF .									
Ì			, if any, which ta immediate		(b)	1 (5)				3							
ı		lying couse	toting the <u>under-</u>	DU	E TO, OR A	S A CON	ISEQUENCE C)F									
ı					c)					120,0							
l		PART 2 OTNER SIGN	IFICANT CONDITIONS	CONTRIBUTING	TO DEATH BL	IT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (a).	-57/1			1 7		
ĺ	9	14 0 175 05 6															
l	S.	19a. DATE OF C	PERATION	196	. CONDITI	ON FOR	WHICH OPER.	ATION W	AS PERFOR	MED?					20.	AUTOPSY	?
	CERTIFICATION	21a EXTERNAL	CALICEWAS	0.11	THEOR	IN LALIENCE		In								YES X	NO
	LCE	UNDERLYING			OUR A.M.		DAY YEAR	ZIC. HC	DW INJURY	OCCURRE	D (ENTER N	ATURE OF INJ	URY IN ITEM	18 PART 1 OR	PART 2)		
	5		G CAUSE OF			unk		un					17/15				
		WHILE	NOT WHILE C	¬ () !	PLACE OF				CATION STREET			CITY OR TO	WN	C	OUNTY		STATE
		22a. I certify	that I took charg	e of the re	mains desci	ribed aba	ve. held on	Autop	sy X	Inspection		Inquiry		and in my	poinion	TJ. TE	
		death resulted		ral causes		Accident		cide _	" Homic			rmined mo		1			
	9		/ 1		.00			H	TITLE (S	PECIFY)				14.4		_ /- /	0.0
		ACTUAL SIGNATURE	(lorge	mea	ZD,	dan	00	M	Ass:	istan	t MEDI	CAL EXAM	INER	DAT		7/8/	80
1			0														
		TYPE OR PRIN) Vir	ginia	L. I	Dolar	n, M.D.		ADDRESS_	47.74		13	ll Pe	nn St	ree	t	
	23a, BU	RIAL, CREMATI	ON,REMOVAL	_		23c. 1	NAME OF CEA	AETERY O	R CREMATO	ORY	23d. LO	CATION		co	UNTY	\$1	ATE
١		Bur		7/22	2/80	K	ing Me	mori	al Par		Ba	1time			nty		MD
		NERAL DIRECT			ADDRESS					250. DATE F	REC'D. BY			GIS CAR'S	SIGN	TURE	de.
l	Wn	. C. Ma	arch F.H	1. 11	.01 E.	Nor	th Ave	nue		11	11 1	8 198	30	-	7		1

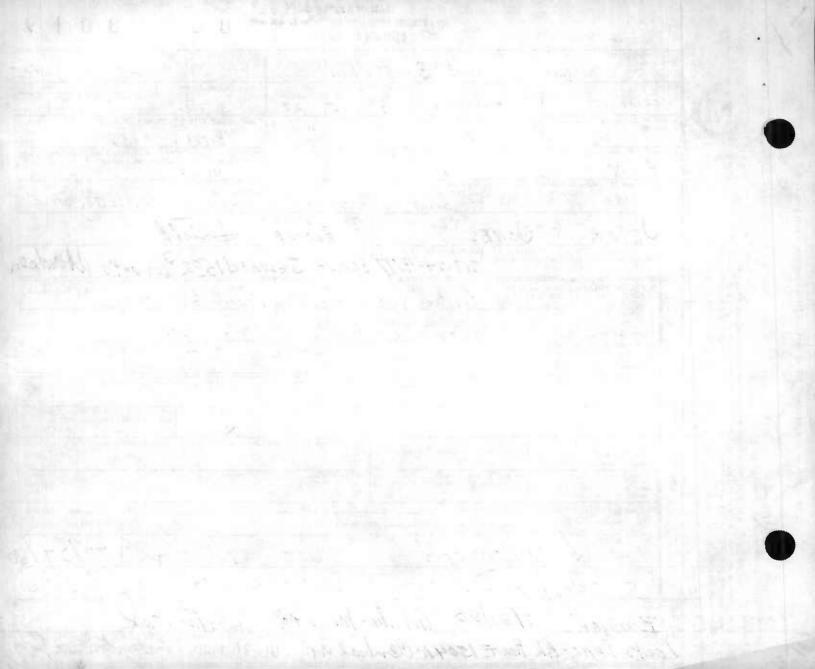


	-			STATE OF MARYLAND			1
15	11-	FOR STATE REGISTRAR		RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 0	17
200		EASED NAME FIRST	MIDDLE	LAST	2R DATE OF DEATH MONTH D	AY YEAR	26 HOUR
		WILLIAM	ANTHONY	TILLETT	7	5 80	10:40 A
	3 SEX	1	RACE	S. DATE OF BIRTH		FUNDER I YEAR	# UNDER 24 HRS HOURS MIN
uce.		MALE	BLACK	10 20 04	76 YRS.	AONTHS DAYS	HOURS MIN
3/1	7a. BIR	THPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	
2/0		RTH CAROLINA	U.S.A.	WIDOWED DIVORCED	BALTIMORE, CITY		MD.
175		Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION ADDRESS! OCH RAVEN BLVD.	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12h KIND OI INDUSTRY	F BUSINESS OR
		L RESIDENCE (IF NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION]	13n STREET ADDRESS		
50		RYLAND	BALTO		1509 MOSHER ST	REET, 2	1217
3//	14 FA	THER'S NAME FIRST BERTHA MID	DOLE SILLE HAST	15. MOTHER'S MAIDEN NA	2+hA MIDDLE	LAST	
ше		AS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRESS)	1
the /	YE			2123 ELEANOR HOL	MES 527 K	055175	R AUE
c even		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line far (a), (b), and BY.	· Acarat		BETWEEN	MATE INTERVAL INSET AND DEATH
mati		IMMEDIATE	CAUSE (a)	ac Aviest			
trau		7273	DUE TO, OR AS A CONSEQUE	NCE OF			
other		Canditions, if any, which gave rise to immediate	(p)	ial futter			
0 0		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF			
injury,	- 1	DADY D. OZNICO CICANICICANIY CO	(c)	DEATH BUT NOT RELATED TO THE TERM	THE PERSON CONDITIONS ON	CALIFIC DART L	
lùi Àu	NO.	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	TINAL DISEASE OR CONDITION GIV	EN IN PART TO	
hows a	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDIN	OF DEATH?
m 18 sho	E	71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1217 HOW IN HIDY OCCUPE	YES NO S YES	S CORPARI 21	NO 🗆
		OR CONTRIBUTING CAUSE OF DEATH	LUMBER A SA ALGORITA D		NEW TENTER MATURE OF INJURY IN HEM 18, F.	oni i Wer'del 4]	
5/	MEDICAL	I # EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION			
marked	MED	WHILE IN NOT WHILE IT	21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC 1 STREET	CITY OR TOWN	COUNTY	STATE
S Tild		WHILE NOT WHILE AT WORK			VEN BLVD., BALTO	0.0	
		22a I certify that∑() (this haspital) attended the deceased fram_ 7_5	6-16 19-80			that 🕱 (we) last
2				LILL, and that in Day (aur) opinion	death occurred on the date and hav	r and from the	
tem 2		saw the deceased alive an above the web (did) (did sat)	view the bady after death.				
If Item 2		saw the deceased alive an above thy (we) (did) (did can alive the control of the	view the bady after death.	DEGREE	MEDICAL STAFF	22c. DATE	SIGNED
NT: If Item 2		abavestly(we) (did) (did satt	view the body after death.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	726. DATE	SIGNED 5/80
RTANT: If Item 2		Obove Hy(we) (did) (did) on 1726. SIGNATURE	e_ MD	ATTENDING PHYSICIAN [22n ADDRESS	DIRECTOR PHYSICIAN	71:	SIGNED 5 80
		Obove Hy(we) (did) (did) on 1726. SIGNATURE	e MD	ATTENDING PHYSICIAN		71:	SIGNED S 80
MPORT	23a B	ODOVERHILWE) (did) (detection) 270. SIGNATURE P L L L L L L L L L L L L L L L L L L	ener M.D	ATTENDING PHYSICIAN [22n ADDRESS	DIRECTOR PHYSICIAN	BIVEL COUNTY	SIGNED S 80
\$	23a B	ODOVERHAWE) (did) (did on 2776. SIGNATURE P. S. LILLER 2774. PHYSICIAN'S NAME ITYPE OR PH	ener M.D	ATTENDING PHYSICIAN [22R ADDRESS LEVAH JAME OF CEMETERY OR CREMATORY DECIPE CEM.	DIRECTOR PHYSICIAN PHYSICI	71:	5/80

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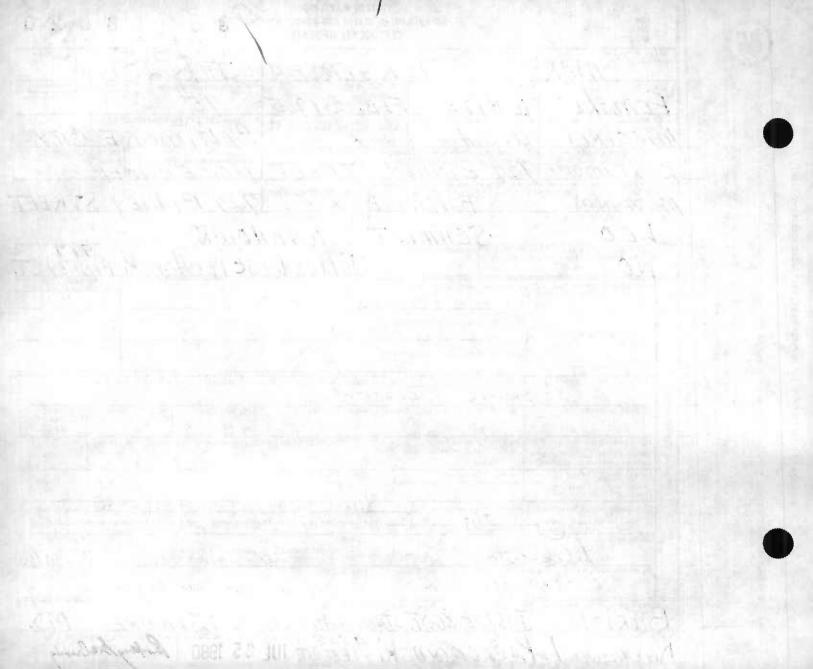
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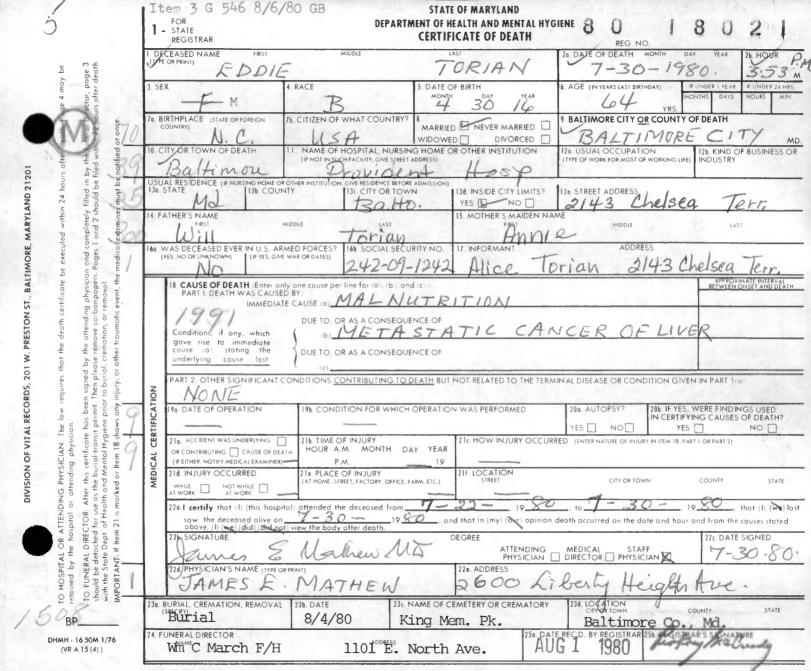
	1		STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
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MA	3 SE	FEMALE	BLACK S DATE OF BIRTH MONTH. DAY YEAR S 27	6 AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
	Jo B	RTHPLACE (STATE OR FOREIGN OUNTRY)	** CITIZEN OF WHAT COUNTRY? ** MARRIED ** NEVER MARRIED ** WIDOWED ** DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALT (C174
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De sued co		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECURITY NO 17 INFORMANT 217-24-4397 FLOISE SED	NARd 1532 Parmer & Words
w requires that the en signed by the a Fhen please removir to burial, cremainy injury, or other	NO	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF Premaria	Shock, IINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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F 9 3 1 2.		22a I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not	ol) ottended the deceased from	. to, that (t) (we) I death occurred on the date and hour and from the causes stated
iOSPITALOR AT and by the hospital UNERAL DIRECT do be detached for the the State Dept. of ORTANT: If Item 2		220. SIGNATURE	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 1271
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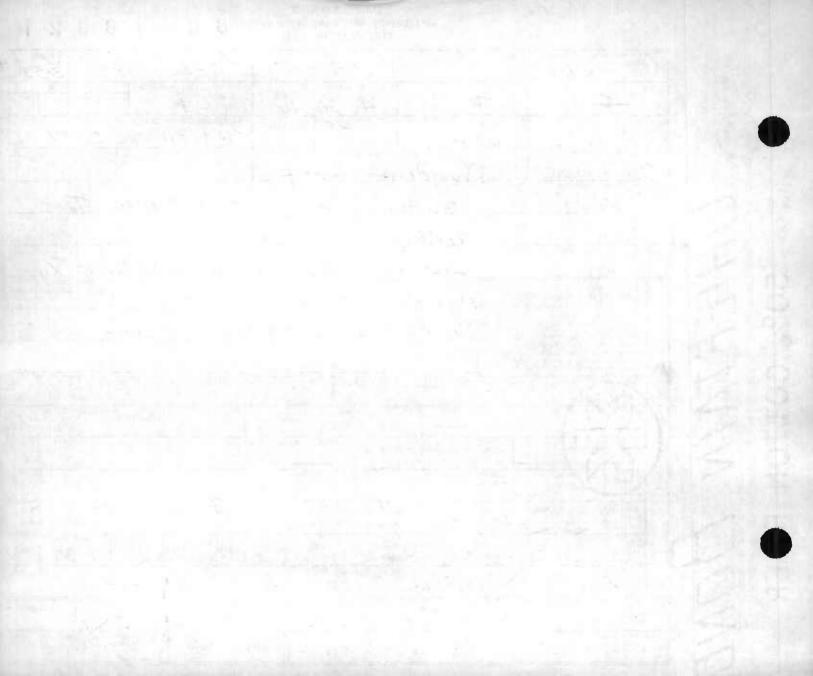


(VRA 15, 4) 1/79

STATE OF MARYLAND







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- F × 4 2 8	100	lying couse	toting the <u>under-</u> e lost.	DUE TO, OR	AS A CONSEQUENCE C)F							
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			that I took charg	e of the remains desc	ribed obove, held on	Autopsy	Mamicide .	Undetermined mon	, and in my	opinion			
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V	- 1	FOR 189-81-40 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	8 0 2 4
19	- 1	REGISTRAR TO TENERY ATYMON CERTIFICATE OF DEATH REG. NO.	
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(Best	1		
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4 50 8	7/0	BIRTHPLACE (STATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY COUNTRY)	JF DEATH
1 1 6		WEW JETSEY WIDOWED DNORCED BALTIMORE CITY	MD.
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201 rs off filed filed	3	BALT () THE JOHNS HOPKINS HOSPITAL PERSONNEL DECTOR	StEEL NIFG.
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BALTIII		18. CAUSE OF DEATH (Enter anly ane cause per line for (0) (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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d by	- 1	underlying cause last.	
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prior prior	0	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 2 200. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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DIVISION OF VITAL ING PHYSICIAN: The r attending physician as the bural-trons in the ond Mental Hygier inched or item 18 should	1 3	WHILE NO WHILE	COUNTY STATE
DING or or Afte e os olth		220.1 certify that (1) (this hospital) attended the deceased from 1126 1980 to 1160 19	9 50 that (I) (we) last
ATTENDIN aspital ar ECTOR: Afi of for use a f. af Health		saw the deceased plive on	
R ATT hospin ned for tept. of tem 2	- 1	obove, (1) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE. DEGREE	22c. DATE SIGNED
0 = 0 0 0		MA TAGE ATTENDING MEDICAL STAFF AC	The Date signed
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7 5 F 2 3 7	23	6. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY
BP		Burial Suly 29, 180 St. Ignatius Codh, Ch. Com. Forest Hell Hammel	
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(VRA 15, 4)		Spartwille force Bet Air, Maryland 21014 IUL 2 9 1980	/

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FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

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FOR - STATE

REGISTRAR

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pent. Store anley Mr. Preston L. Triplett. Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated STATE ntombment Loudon Park ltimore emeteru 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Tully Funeral Home 130 & Fort Ave. Bal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 24 HRS

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DAYS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Zannino Funeral Home

STATE OF MARYLAND

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TIMORE Te be exe	rages 1		VAS DECEASED EVER VES, NO OR UNKNOWN) NO	IN U.S. ARA	MED FORCES? WAR OR DATES!	218-32		John I		cker, nep	new,		tucky Av 21213 XIMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND IDING PHYSICIAN: The law requires that the death certificate be executed within 2 strending physician. After this certificate has been signed by the attending physician and completely filled.	hen please remove carbon pa ir to burial, cremation, or rem iny injury, or other traumatic	NOI	Conditions, if ony gave rise to im- cause ioi, stati underlying cause	r, which mediate ng the e last	(b)	DR AS A CONSEC	DUENCE OF	Preum		INAL DISEASE OR COI	NDITION G	GIVEN IN PART 1	l(a)
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/ISION OF VI NG PHYSICI Inding physicii frer this certifi	fental H or Item	MEDICAL CE	OR CONTRIBUTING [] LIFEITHER, NOTIFY MEON 214 INJURY OCCUR	CAUSE OF DEAT CALEXAMINER)	H HOUR A		DAY YEAR 19 CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	Vite	COUNTY	STATE
AL OH ATTEN he hospital or a	should be detached for use as the buy with the State Dept. of Health and NMPORTANT: If Item 21 is marked	4	270 I certify that (I saw the deceo- obove, (I) (we) (22b. SIGNATURE	did did not huckle	ol) attended if view/the body	deceased from	7/19	DEGREE ATTI PH'	ENDING YSICIAN	medical st.	AFF ICIAN D	our and fram th	, that (I) (we) lost e couses stated E SIGNED
000 BB- TO FI	with 1	23a (DURIAL, CREMATION SPECIFY Cremati	, REMOVAL	23b. DATE 7/26	5/80 12	Lou dor	EMETERY OR CRE	EMATORY Cemet	1234 LOCATION CHYOLTOWN Balt	imor		Nate
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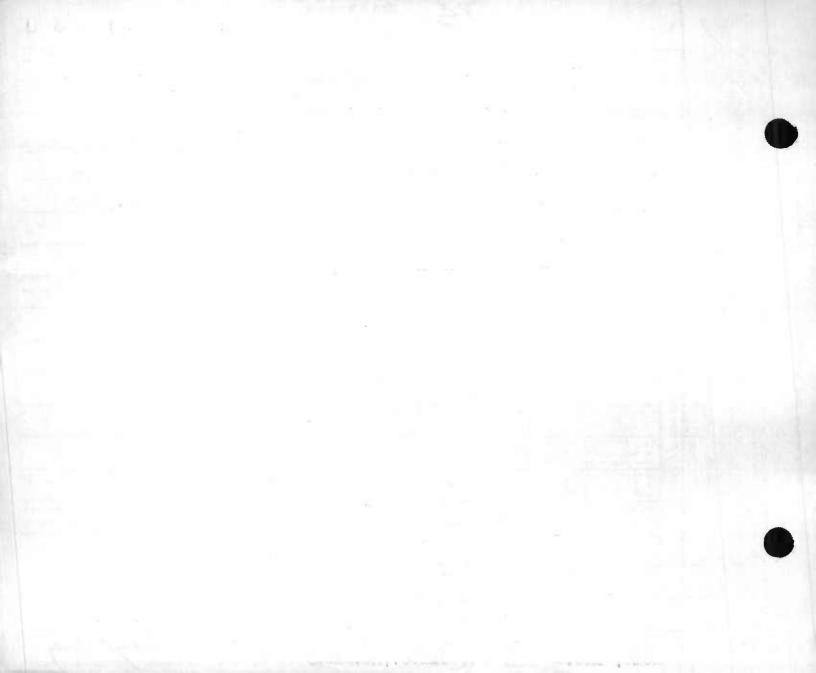
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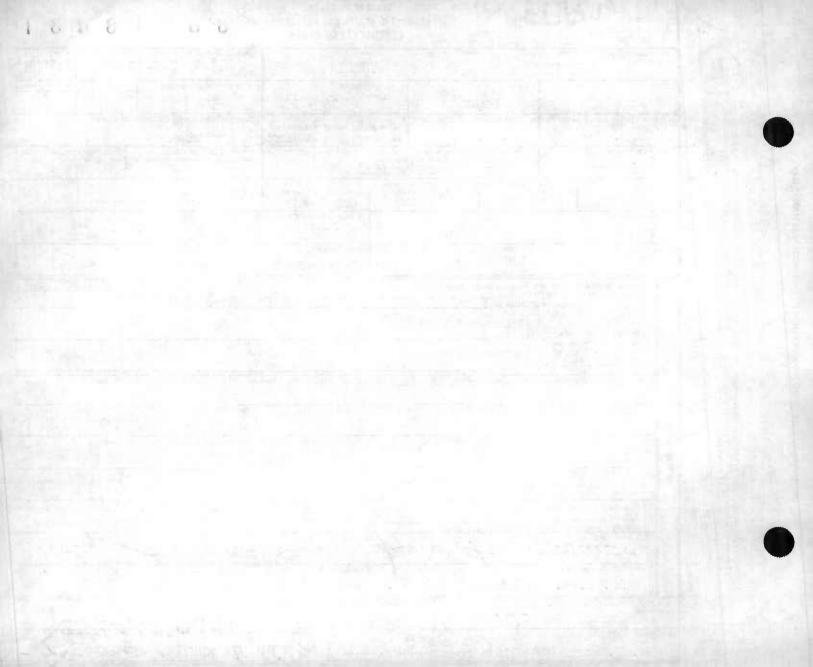
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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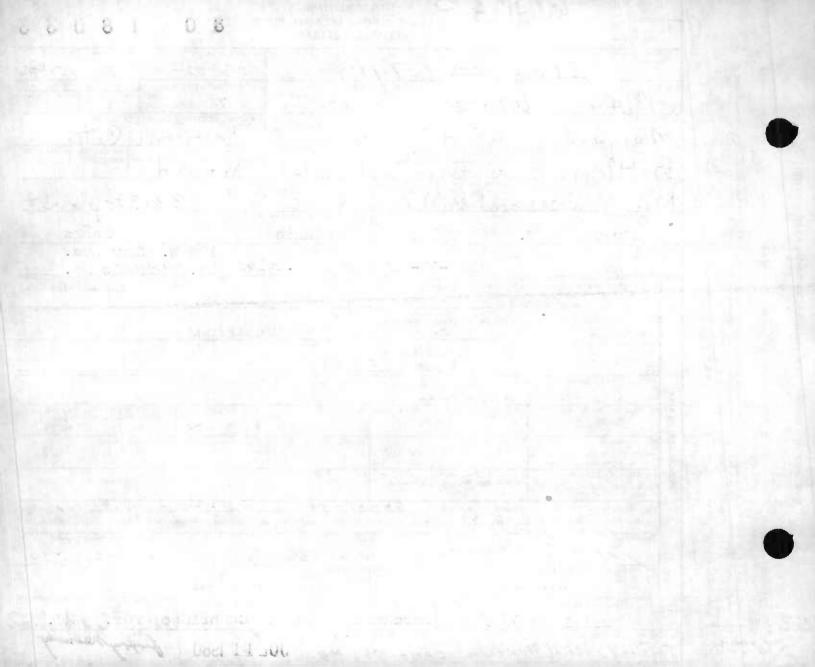
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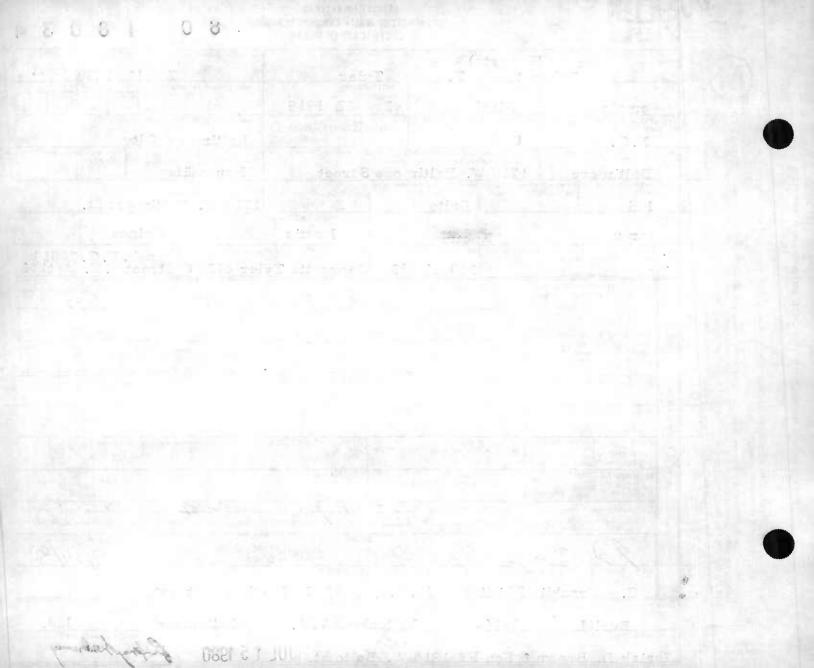




	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 0	1803
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X	3. SE)		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
1		Male	Negro	6 24 80	lessthan 1	YRS. 26
35	n	RTHPLACE istate or Foreign ountry)	16 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	Baltimore CITYO	R COUNTY OF DEATH
St. be no	7	3cult more	(IF NOT IN SUCH FACILITY, GIVE STR	manda ad Haratal	(TYPE OF WORK FOR MOST O	
The same	13a S		OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION) DWN 13d. INSIDE CITY LIMITS		sion Street
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300		FIRST	nton Adam	FIRST	an Ann	Tyler
the me		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE E WAR OR DATES)		ecord. Univ.	
se remove carbon pape al, cremation, or remov r, or other traumatic ev			DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	DUENCE OF UPONO IEMIC Shock		APPROXIMATE INTE BETWEEN OHSET AND 1 MG U R
Then plea or to buris any injury	Š	PART 2 OTHER SIGNIFICANT OF	conditions contributing to	O DEATH BUT NOT RELATED TO THE TO	tress syndro	DITION GIVEN IN PART 1101
	\A	19a DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE
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ental Hygiene p	CAL CERTIFICATION	118. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		DAY YEAR	YES NO CURRED (ENTER NATURE OF INJUR	YES NO [
18 /	MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION STREET	CURRED (ENTER NATURE OF INJUR	YES NO [Y IN ITEM 18, PART 1 OR PART 2] //N COUNTY S
hed for use as the burial-transit p Dept. of Health and Mental Hygis If Item 21 is marked or Item 18		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (I) (this hasping the deceased alive and the deceased alive alive alive and the deceased alive and the deceased alive alive alive alive alive and the deceased alive a	HOUR A.M. MONTH P.M. 71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	DAY YEAR 19 211 LOCATION STREET	CURRED (ENTER NATURE OF INJUR CITY OR TOW To 7/2 [nian death occurred an the do	YES NO [IV IN ITEM 18, PART 1 OR PART 2] IV COUNTY S I 19 0, that (II) 6 I 22c. DATE SIGNED
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ne law is been	2	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYN	1% CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?	206 IF YES, V	WERE FINDS	INGS USED	
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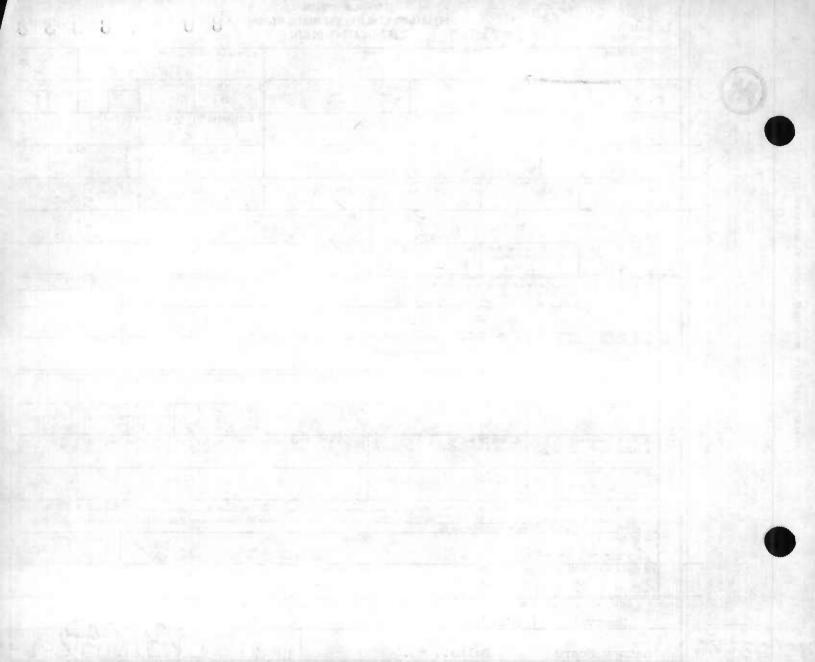
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ofter death. Page 4 mov the funeral director. ed within 72 hours affiliated as once.	70 B	ALE RTHPLACE ISTATE OR FOREIGN OUNTRY) RYLAND INCIDENT STATE OF TOWN OF DEATH ALTIMORE	U.S	what country?	MARRIE WIDOWE	3 / 00 EXX NEVER MARRIED [DI DIVORCED [DR OTHER INSTITUTION	THE R. P. LEWIS CO., LANSING, MICH. 4, 17 (4), 12	YRS. DR COUNTY OF DE RE CITY ION 12b OF WORKING LIFE) INI	ATH KIND OF BUSIN	MD. NESS OR
MARYLAND 2120 red within 24 hours. mpletely filled in by ond 2 should be filled accommends to make the mass of the	130 !	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT STATE 136 COULT STATE S	R OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR 131 CITY OR TOV BALTIMO LAST TYLER	/N	13d INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN N FIRST ORA	130 STREET ADDRESS 1706 Rai	mbLewood WA	R.D.	
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201 W. PRESTON ST., I see that the death certificate by the attending physplease remove carbon pound, cremation, or remainer, or ather traumatic even	NOI	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, C	DR AS A CONSEQU	ENCE OF	EVA ASHD. NOT RELATED TO THE TEL	RMINAL DISEASE OR COP		APPROXIMATE INT	y yearn
he law re on. hos beer to permit it permit ene prior aws any it.	CERTIFICATION	190 DATE OF OPERATION	196 CON	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		ATH?
DIVISION OF VITAL RECORDS, NDING PHYSICIAN The low requir of ar attending physician. R. After this certificate has been significate based on the burial-transit permit. There is marked ar item 18 shaws any injuris marked ar item 18 shaws any injuris.	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AL WORK 220.1 certify that (1) (Mis hasp	P PLACE (AT HOME, SI		19 FARM, ETC.)	211. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ		UNTY	STATE (we) lost
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0 € 0 € \$ € ·	230.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL				EMEYERY OR CREMATOR	CITY OR TOWN	HARFORD	MD.	TATE
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1/	11-	FOR STATE	DEI	PARTMENT OF	HEALTH AND MENTAL H	YGIENE O	8 0	3 7
10	1	REGISTRAR	MEDIC	CAL EXAMIN	IER'S CERTIFICATE O	F DEATH REG. NO	0 0	0
7		CEASED NAME FIRST		DDLE	LAST	20. DATE KNOWN		YEAR 26. HOUR
VV 2888E			William	C.	Tyree	OF ESTI-	7 26 19	80
TAT HERE	3. SE		5. DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY	YEAR 2d. HOUR
N 72 OF N 72 O		nale white	76. CITIZEN OF WHAT		RS.	DEAD		80 5:00A
T PRESENT	m	OREIGN COUNTRY)	11. C	1	MARRIED NEVER MARRIE	70 7 4	-	тн
Anna -	ID. C	ITY OR TOWN OF DEATH	II. NAME OF HOSPITA	AL, NURSING HOM	WIDOWED DIVORCE	120. USUAL OCCUPATION (TYPE	9	MD.
OO FEED WAR	Ba	ltimore	2200 B1k S	G.Clintons	Stharbor	FOR MOST OF WORKING LIFE)	OR IN	OF BUSINESS IDUSTRY WSON 0/L
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BALTIMO OURS AFTER B. GIVE PA WITH FOR DIVISION	H	IB. CAUSE OF DEATH (Enter	anly one cause per line far	(-) (b)) ())	VIHUELIN	E IYKEE &	304 FOSTO	EC AVE
ST A ST A ST		PART I DEATH WAS CAU	SED BY: Dr. c	(a), (b), and (c).) Whing			BETWEEN	ONSET AND DEATH
		9109 MMEL	DIATE CAUSE (d)	A CONSEQUENCE	OF			
AN HILLINGS	7	Canditians, it any, wh					ALL MY	
301 W. PREST UTED WITHIN IN PENCIL IN EXAMINER A RIAL-IRANSIT O MENTAL HYO OR REMOVAL	10	cause (a) stating the und		A CONSEQUENCE	OF			
			(c)					
DIVISION OF VITAL RECORDS, 36 S CERTIFICATE SHOULD BE EXECU. RITING THE WORD "PENDING". IN ROED TO THE CHIEF MEDICAL E E 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION, C	7	PART 2 DTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE DR CONDITION GIVEN IN PART	T 1 (a).		
RECO EALT RE	MEDICAL CERTIFICATION	196, DATE OF OPERATION	LIAN CONTRICTION	L COD WILLIAM OPEN	ATION WAS PERFORMED?			
ITAL RESPONDED TO THE ALL CREE	FIG	THE DATE OF CHERATION	178. CONDITION	FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTO	
DF VITA ATE SHC WORD THE CH LD BE US KENT OF	ERT	210. EXTERNAL CAUSE WAS	21b. TIME OF INJ	URY	121r HOW IN HIRY OCCUPPED	LENTER NATURE OF INJURY IN ITEM 18 PA		XX NO []
DIVISION OF VIT S CERTIFICATE SI RITING THE WOS RDED TO THE OF S SHOULD BE E DEPARMENT OF PRIOR TO BURLA	ALC	UNDERLYING OR	DE DEATH 3:55AM	7/26 19 8	0 fell from sea			
VISIO NG TO TO THE PAIN OF THE	EDIC	21d INJURY OCCURRED	21e. PLACE OF IN	JURY (AT HOME.	211. LOCATION	wall life Halb	O1	
DIVIS THIS CER E; WRITING RWARDED PAGE 3 S STATE DEP	×	WHILE AT WORK AT WORK	STREET, FACTORY Harbor/	sea wall	2200 BlkS.Clin	tonSt. Baltimor	COUNTY	MD STATE
2 S E R E R	100		arge of the remains describe	ed abave held as	Autapsy XX Inspection			
L EXAMINER: E CERTIFICATE OUID BE FOR H, WITH THE MARYLAND, 2		/			icide . Homicide .	Undetermined manner ,	in my apinian	
XAA EERTI ID E WITH			1		TITLE (SPECIFY)	onderenmed manner		
CAL EXAMIN THE CERTIFIC SHOULD BE RAI DIRECT ATH, WITH 1		ACTUAL SIGNATURE	Mai	0	M.D. Assistant	MEDICAL EXAMINER	DATE SIGNED 7/	26/80
EDIC JTE T 4 S JNER DEA		EXAMINER'S NAME	Hormez R.	Guard, M.	D. 111 Per	nn Street, Balto	. MD 2120	1
TO MEDICAL EXAMINERCULE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN	23a B	(TYPE OR PRINT)	122h DATE		ADDRESS			
	136.6	5/1/RID	7/29/80	(OALI)	METERY OR CREMOTORY	PATTINGE	COUNTY MI	STATE
BP	24. F	UNERAL DIRECTOR	1	TO A DE	5 2 5 250. DATE RE	EC'D. BY REGISTRAR 25b. REGIS	RAR'S SIGNATURE	
(VR A15 ME (5)) 15M 7/77	1	AYMOND L.	KACZ ORNIU	SKI FI	EET ST. MI	3 0 1980	itay Mels	rody
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10	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 0	1 8	0 3 9
		CEASED NAME FIRST		widdle Van	ce	ST	July 16	MONTH DAY YE	AR 26 HOUR 8:35A
181	3 SE		14 RACE		IS DATE OF	RIDTH	6 AGE (IN YEARS CAST BIRT		M
MI)	3 25	M	В		MONTH 3	DAY YEAR 31 11	69		DAYS HOURS MIN
777 at 8		RTHPLACE (STATE OR FOREIGN OUNTRY) S.C.		WHAT COUNTRY?	1	NEVER MARRIED	A BALTHAOBE CITY O	R COUNTY OF DEAT	
TOU TOUR		TY OR TOWN OF DEATH	THE THE	HOSPITAL, NURSIN	IG HOME OF	Hospital	12e USUAL OCCUPATO		ND OF BUSINESS OR
35	USU	AL RESIDENCE IF NURSING HOME STATE 136 CO		13c. CITY OR TOW Balto	'N	134 INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 809 E. 22	2nd Stree	ŧ
7000	14. F/	THER'S NAME FIRST	MIDDLE H.	Vance		15. MOTHER'S MAIDEN N. FIRST Elsie	AME	Walker	CAST
2 - 2 -	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
1 4	(YES, NO OR UNKNOWN] (IF YES, O	GIVE WAR OR DATES	165-10	-1802	Mary Van	ice 80	9 E. 22n	nd Street
s been signed by the atternment. In: Then please remove to prior to burial, fremmtlen ws any injury, or other the	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	(b) DUE TO, C (c) IT CONDITIONS C		ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	20h. IF YES, WERE F	INDINGS USED
sho d	I E	(comp.		****			YES NO	IN CERTIFYING CA	NO
burial-transit d Mental Hygi ed or Item 18	MEDICAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A	OF INJURY M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCU 211 LOCATION STREET	RRED (ENTERNATURE OF INJU		
should be detached for use as the with the State Dept. of Health an IMPORTANT: If Item 21 is mark		270 I certify that (I) (this ho saw the deceased alive obove, (I) (we) (did) (did 27b. SIGNATURE. 27d. PHYSICIAN'S NAME (17p.	Mac D	16- 195		d that in (my) (our) opinion EGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF	that (I) (we) lost me the couses stated DATE SIGNED
shour IMP	220	BURIAL CREMATION, REMOV	AL 236. DATE	124 40	NAME OF CE	METERY OR CREMATORY	123d LOCATION		
	230.	SPECIFY					CITY OR TOWN	COUNTY	STATE
	24 F	Burial UNERAL DIRECTOR	1/21,	/80. A	routi	1s Mem. Pk	Arbutu		PATURE
1H-16 25M		NAME		ADDRESS	- 1		11 1 3 1980	propay/	Metriody

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2	3 SE	F	4 RACE	5. DATE OF	BIRTH YEAR JOAN DAY	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER YEAR IF UNDER
Project of the state of the sta		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED WIDOWEL	MINEVER MARRIED [9 BALTIMORE CITY O	OR COUNTY OF	DEATH
O Control	10.0	Balteriore?	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACHITY, GIVE		OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND OF BUSIN NDUSTRY
Sanst be	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN	OTHER INSTITUTION, GIVE RESIDENCE NTY 13-01Y OR	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	sea 58,	
Comine	14 FA	THER'S NAME FIRST Cass	MIDDLE Roger		I rene	MIDDL€	В	ates
medicol		VAS DECEASED EVER IN U.S. ARI	WAR OR DATES		17 INFORMANT Edward Vanov	er 1113 Ang		
3		1991	DUE TO, OR AS A CONS		cancer	0		
injury, or other traumatic event, th	NOI		DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	cancer	MINAL DISEASE OR CON	IDITION GIVEN II	N PART I (a
ows any injury, or other traumatic ev	RTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stoling the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	CONCECTOR OF THE TERM	200 AUTOPSY? YES NO NO	206 IF YES, WE IN CERTIFYING YES	RE FINDINGS USI G CAUSES OF DEA NO
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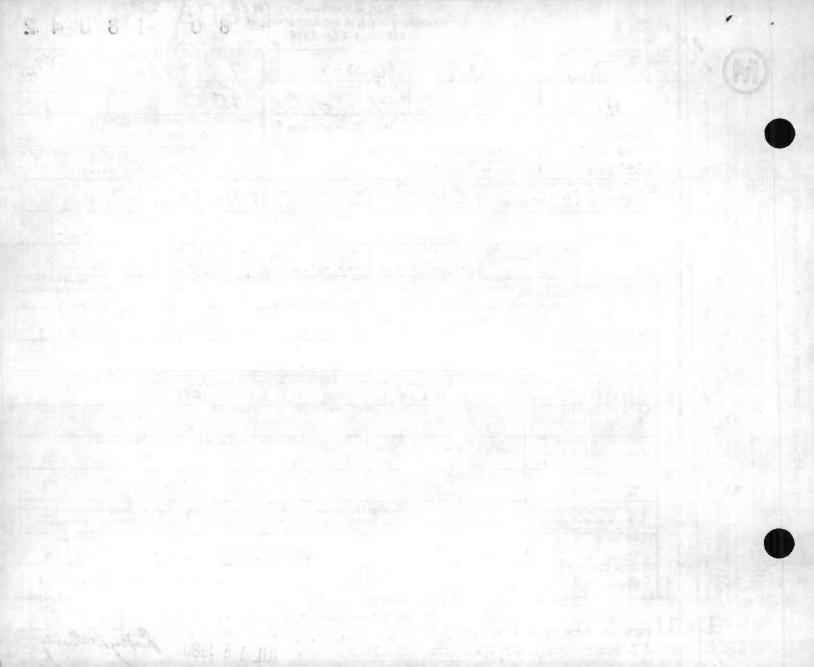
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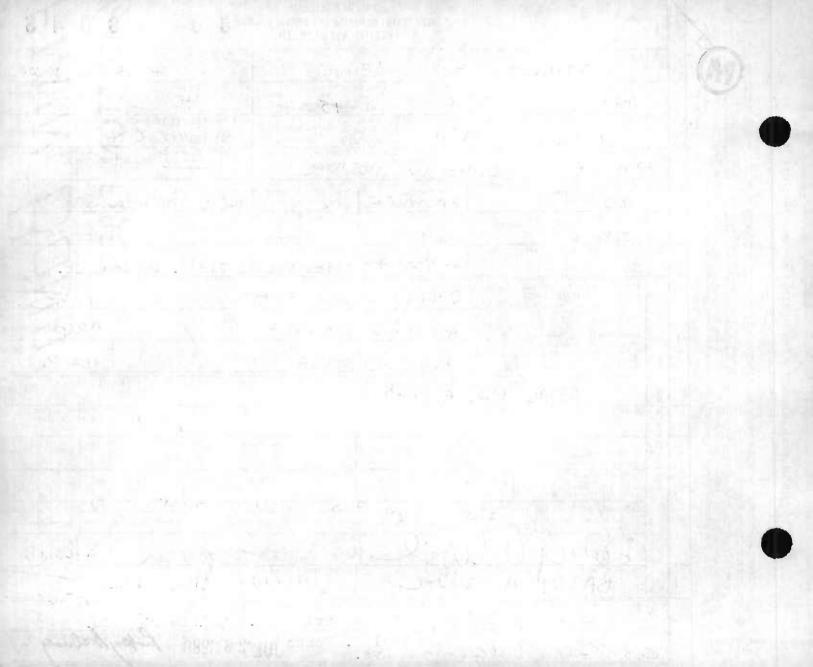
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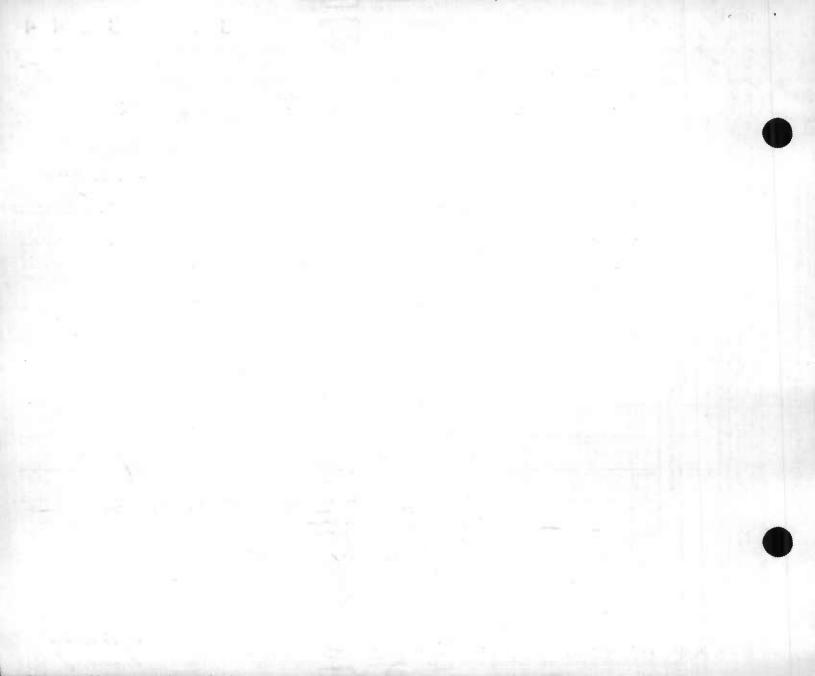
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	ale	4 RACE	5. DATE OF BIR'	Y YEAR LAST	(IN YEARS IF UI	NDER 1 YR. IF UN	DER 24 HRS. 26 MIN. PE	RONOUNCED		ONTH D	AY YEAR	11.0
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	Baltim		Unior	FACILITY, GIVE STREET ADD Nemorial	Hospit	a1	MEĈ	HANIC	LIFE)	LA	OR INDUS	PRO
	JAL RESIDENCE STATE	(IF IN NURSING HO	ME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMIT	5? 13a. STREE	T ADDRESS	Casus.			- 11
	MARYLAN			BALTIM		YES NO	□ 1700	MERII	DENE D	RIVE		. 101
14.	FATHER'S NAM FIRST		MIDDLE	LAST		15 MOTHER'S MA		MIDDLE		112	LAST	
160	JAMES		W. ARMED FORCES?	VANTREA		ABBII	5	GAI	DDRESS	W 1	IANKIN	12.
108.	YES, NO, OR UNKN	OWN) (IF YES, I	GIVE WAR OR DATES)	216-09-		MARGARET	r VANTRI		1700 M	ERIDE	ENE DE	2.
	18 CAUSE	OF DEATH (Ente	r only one couse per l	ine far (a), (b), and (c		30.00				8	APPROXIMA ETWEEN ONS	TE INTERVA
	00		DIATE CAUSE (a)			trunk ar	id extre	emities			F.A.C	
3	0 0	- Bys	DUE TO,	OR AS A CONSEQUE	NCE OF					-		
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	gove	ons, if any, wh	iate (b)_				16/15					
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NO	gave cause (cause (caus	rise to immedi a) stating the und use lost.	iate (b) DUE TO, (c)	OR AS A CONSEQUE		SE DR CONDITION GIVEN I	IN PART 1 (a).					
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6	1		1 DE	CEASED NAME FIRST		WIODLE	. (AST	20 DATE OF DEATH	MONTH DAY		2b HOUR
e (A)			THOM	IAS	H.	VE	AME		7 25	80	10:30 PM
4 g	50.0		3. SE	X MALE	1 RACE	ACK	5 DATE C		6 AGE (IN YEARS LAST BIR	MO	UNDER I YEAR	IF LINDER 24 HRS HOURS MIN
Poge	hour e.	·10-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8		9 BALTIMORE CITY C	R COUNTY O	FDEATH	
death.	un 72 hu	83	C	VIRGINIA	(ASA	WIDOWE	D NEVER MARRIED DIVORCED	BAUMON	_	1	MD.
s ofter o	filed with	46		AUTHOR TOWN OF DEATH		HOSPITAL, N JCH FACILITY, GIVE THE ELA		SPIRE INSTITUTION	12a. USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
ND 24		35	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU!	R OTHER INSTITUTION	N, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	EUISON	72 6	
RYLA within	2 sh		14. F/	ATHER'S NAME	MIDDLE	LAS		15. MOTHER'S MAIDEN NA	ME			
MAR ed wi		500		Jake	MIODIE	Veani		Beuna	, WIDDIE		Burr	ell
ORE, xecut	Poges 1			VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRI	ESS		
BALTIMOR	. Pog	1		No	e war on pares;	122.3-	05-1599	Alice Vean	ie 748 N.	Denis	on S	t.
BALT ote b	ol vol	- 1		18 CAUSE OF DEATH (Enter or	nly one couse pe	r line for to), (b), and Icil				BETWEEN	IMATE INTERVAL ONSET AND DEATH
V ST., BAL	emo			PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (o)	टाभए	NO BYMW	NAM AME	ST		mn	WIC
DN S	or re			421-	DUE TO C	OR AS A CONS	SEQUENCE OF				1 20	,
PRESTON ne death c	tion,			Conditions, if ony, which	(b)_		rapar	EVENWEUR			cau	P
1 W. PR	ol, cremo			gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, C		SEQUENCE OF	CVA			mai	nots
RDS, 20 equires 1	Then ple r to buric injury, or		NOI	PART 2 OTHER SIGNIFICANT (CONTRIBUTING		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	0/
AL RECORDS, he low required. on.	rsit permit.		CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate in	Mental Hygir Mental Hygir Frittem 18 sh	0	CER	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
OF VIII	entol-treet		CAL	OR CONTRIBUTING CAUSE OF DE	3111	P.M.	1 DAY TEAK					
NOI PHYS ndin	od Me		MEDICAL	21d INJURY OCCURRED		OF INJURY	FFICE, FARM, ETC.)	211 LOCATION	CITY OR TO	VN	COUNTY	STATE
IVIS UG P	h on rked		Σ	WHILE AT WORK AT WORK	(AT HOME, 3	IREET, FACTORT, O	FFICE, FARM, ETC.) -	1			SIAIL
9 0	use o feoilt s mo			220.) certify that (I) (this haspi	tol) attended t	he deceased f		19 80	7 10 3 2	. 19	W.	that (I) (we) lost
R ATTEN hospitol	of 1-			the deceased plive on thove, (I) (we) (did) (did no			19 0 O or	d that in (my) (our) opinion	death occurred on the d	ote and hour a	nd from the	couses stated
N P P	ched Sept.		ľ	7714 STOLATURE	1	100	A COLUMN TO THE PARTY OF THE PA	DEGREE			22c. DATE	/ 1 6
At DI	detoc ote D IT: If			Lillia	W	MM	W_	M.D. ATTENDING PHYSICIAN [MEDICAL STA		7	wifu
HOSPITAL	should be detained with the State D			220 PHYSICIAN'S NAME (TYPE O	R PRINT)	HOW		220 ADDRESS	an Hos	PIPAL	-	
0 99 0	show		23a	BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
BP_			(Burial	7/30/	/80		Memorial Pk	Baltim		Co.	MD
DHMH - 16 5			24 F	UNERAL DIRECTOR	?. Ma	ADDRE	/	E. North 25a DAT	E REC'D, BY REGISTRAR		hel	ready
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No	-/		REGISTRAR			4.35	CERTI	FICATE OF D	EATH	REG.	٧٥.		
		I. DE	CEASED NAMEAKA	FIRST S	imon	MIDDLE	Vidivid	KAST Vid	bick	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	y be		/ S.	AMON	-		#ID	TEOK	DICK		7 2	80	11:04PM
	m t	3 SE	X		4 RACE		5 DATE	OF BIRTH	200	& AGE IN YEARS LAST &		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	age 4	MA	LE	1.00	WHITE		10		94	85	YRS.	UNINS	HOURS MIN
	e e		RTHPLACE (STATE OR FO	DREIGN)	L CITIZEN OF	WHAT COUN	ITRY?	ED NEVER A	AAPPIED []	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	des des	1	lustria	2001	U.S.A		WIDOW	7.0	VORCED	BALTIMO	RE CITY		MD.
	after with	10 C	TY OR TOWN OF DEA	ATH 1		HOSPITAL, N		OR OTHER INST	ITUTION	12ª USUAL OCCUPA	LION	126 KIND C	OF BUSINESS OR
5	by the led with state of state	В	ALTIMORE	1				ION MEDI	CAL CE	TER Boile	rmaker	Shir	oyard
212	24 ho be fill	USU.	AL RESIDENCE HE NURS	ING HOME OR	OTHER INSTITUTION	N. GIVE RESIDENCE	BEFORE ADMISSION	1 13d INSIDE C	ITV HALITS?	12. STREET ADDRESS	- 11		
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WA	complei 1 and 2 medical			UNKNOW	-					- UNKNOW	N -	LAS	21
3	d co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO	17 INFORMA	NT	ADD	RESS		
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MALT	sic sic		IL CAUSE OF DEAT	H (Enter only	y one couse pe	i line for (o), (bi, and (ci.i					APPROX MIWEEN	ONSET AND DEATH
1			PART I. DEATH W		CAUSE (a)	Se	psis						
N N	equires that the death cert signed by the attending ph n please remove carbon pa i burial, cremation, or rem injury, or other traumatic		125-			DR AS A CON	EQUENCE/OF	. /		9	H-77-3		
EST	atter attor ation er tr		Canditions, if any,		(ıb)_	P	rostati	cla					
<u>a</u>	y the remo		gave rise to imm cause (a), statin	nediate g the	DUE TO, C	OR AS A CONS	SEQUENCE OF						
3	quires the		underlying cause	lost.	(c)_	14	Ch	100					
20, 30	equir injur	_	PART 2 OTHER SIGN	HEICANT CO	ONDITIONS	ONTRIBUTING	TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GIVE	N IN PART 1	01
S S	s been sign it. Then p prior to bu	٥					41						
2	The law e has beer ermit. The one prior shows an	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONE	OITION FOR W	HICH OPERATION	ON WAS PERFO	RMED	20e AUTOPSY?		WERE FINDING CAUSES	
AL	cian: The cian. The cian. The cian. The cian. The cian mait perm Hygiene I m 18 shot	E								YES NO			NO 🗆
Z	PHYSICIAN: ng physician. this certificate urial-transit p Mental Hygie		218 ACCIDENT WAS UND			LM. MONTH		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM T8, PA	RT T OR PART 2)	
Ö	PHYSICI, og physici og physici this certifi urial-trans Mental H d or Item	Z V	(IF EITHER, NOTIFY MEDICA	AL EXAMINER)	11:046	M) 7	3 19					100	
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N	ENDING or attendir DR: After eas the bi ealth and is marker	1	WHILE NOT WH										
	F O STE		220 certify that (1)	(this haspite	ol) attended t	he deceased 1	TOM MAY	30,	. 19 <u>80</u>	toJULY_	<u> </u>		tha (i) (we) last
	TA O O O		abave((I)/we)(d	id) NA ON	view the bad	y after death.	1900		(our) apinian d	leath occurred an the	date and haur		
		1	226. SIGNATURE	11	-11		110	DEGREE	TTENDING	MEDICAL ST	AFF \	221. DATE	SIGNED
	RAL detail		XI	ou	40	ung	171)	-	PHYSICIAN [DIRECTOR PHYS	ICIAN	175	1/80
	OSP ed b JNE d be she S he S		224. PHYSICIAN'S NA	AME (TYPE OR	1/1/	/.		22R ADDRES				- /	0
	TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:		> C0.	17		UNG					Balto.	, Md. 2	21210
1/1	/	23a. E	SURIAL, CREMATION,		235. DATE	۲ 300-		CEMETERY OR C		23d. LOCATION CITY OR TOWN	D-742.	COUNTY	. Maryland
1011	BP		Buri	al	July	5,1980	UakLav	m Cemet					
	DHMH-16 25M		JNERAL DIRECTOR		700	ADDRE	SS all days to	tl 2122	750. DATE	REC'D. BY REGISTRA	ZSb. RECO	ASSIGN A	Cready
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4911)	24. F	UNERAL DIRECTOR					E REC'D. BY REGISTRAR			
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Page 4 min	3. SE	M	Creicasia	S DATE OF BIRTH MINITH DAY YEAR 30 07	6. AGE (IN YEARS LAST BIRTHDAY) 13 YRS	FUNDER 1 YEAR FUNDER 24 HR
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DHMH-16 25M	24 F	UNERAL DIRECTOR	4 get fram your	553718 Hudson 250. DA	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2s. DATE OF DEATH I DECEASED NAME MIDDLE MONTH 2h HOUR (TYPE OR PRINT) VON NORDECK 80 DOROTHY 5 DATE OF BIRTH IF UNDER LYFAR IF UNDER 24 HRS 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX July 22, 1926 YEAR Female White BALTIMORE CITY OR COUNTY OF DEATH IR BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. BARTIMORE CITY Maryland DIVORCED TO WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Hairdresser UNION MEMORIAL HOSPITAL BALTIMORE Balt. Md. 21211 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI IJR STATE 136 COUNTY Baltimore 134 INSIDE CITY LIMITS? Roland Hgts. Avenue Maryland YES A NO [15 MOTHER'S MAIDEN NAME I FATHER'S NAME Anna MIDDLE Steigerwald Charles MIDDLE Rohmer ADDRESS Balt. Md. 21211 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Daughter: (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 1471 Roland Hgts. Ave. Darlene Von Nordeck 012-24-1878 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic. PART L DEATH WAS CAUSED BY Bronchogenic carcinema of the O Lump DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO NONE YES 🖂 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL NONE (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a | certify that (1) this haspital attended the deceased from 80 saw the deceased alive on above, (1) (a) dia (did not) view the bady after death. and that in (my) form opinion death occurred on the date and hour and from the causes stated 22k SIGNATURE DEGREE 72c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22m ADDRESS JARRELL UNION MEMORIAL HOSPITAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE Burial Jul 15 1980 Loudon Park Cemetery Maryland Baltimore 24 FUNERAL DIRECTOR DHMH-16 25M Baltimore, Maryland (VRA 15, 4) 1/79 Leonard J. Ruck. Inc.

OCKOTHY VON NOWDECK DE TAPINORI CILY UNION HENORIAL HOSPILAL J.C. ITH. 118 8 BL . 31E town to be feel to be X OFFC - E, F Co. n s Pern org-24-1 79 Leclone Von Wordeck 1471 Polant Bots AVE. JULYS C. J. EVELL

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR George (TYPE OR PRINT) 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR Caucaslan 05 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Bultimore WIDOWED W DIVORCED [] IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Supervisor-Md. Ship W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE THE COUNTY. . 13d INSIDE CITY LIMITS? Brooklyn 14th Ave. YES 🗖 NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LeCompte Voshell Raymond Lucy ADDRESS Centerville, 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO 16b. SOCIAL SECURITY NO 17 INFORMANJ James Yirka Rt. 1 Box 98D 21617 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. 21/0/1012 IMMEDIATE CAUSE onditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NO YES NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR JOWN STATE NOT WHILE AT WORK AT WORK 22a I certify than (I) (this hospital) attended the deceased from sow the deceased alive of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not view the body after death, 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial 7/18/80 Cedar Hill Cemetery Brooklyn Md. A.A. 24 FUNERAL DIRECTOR ADDRESS Balto 21225 DHMH - 16 50M 1/76 George J. Gonce 4001 Ritchie Hgwy. (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN XX WONTH (TYPE OR PRINT) Anatula Vugin DEATH MATED 3 19 80 4 RACE SEX 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2d. HGHA DATE PRONOUNCED 16, 1919 61 DEAD 1980 Male White 11:50 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED DIVORCED XX Baltimore City WIDOWED POLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) RETAIL MERCHANT University Hospital Baltimore COUNTY 13d. INSIDE CITY LIMITS? 3840 TWIN LAKES CT., #21207 13c CITY OR TOWN BALTIMORE BALTIMORE MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST UNKNOWN OF VIT CHUMA VUGIN LAIB SHMI 17. INFORMANT MRS. EMILIA ZERFMAN 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION #21207 220-90-7524 3840 TWIN LAKES CT. 18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt force injuries of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING subject struck with object CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 3840 Twin Lakes Ct, Woodlawn, Balto Co., MD WHILE AT WORK at home 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide XX Undetermined manner Accident ___ death resulted from: Assistant 7/4/80 TO MEDICAL ES EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA ACTUAL DATE SIGNATURE 111 Penn Street, Balto., D. 21201 EXAMINER'S NAME Hormez R. Guard, M.D. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD STATE BALTIMORE BALTIMORE HEBREW CONG. 7-6-80 BURIAL 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 VR A15 ME (5) 6010 REISTERSTOWN RD., BALTO., MD 21215 15M 7/77

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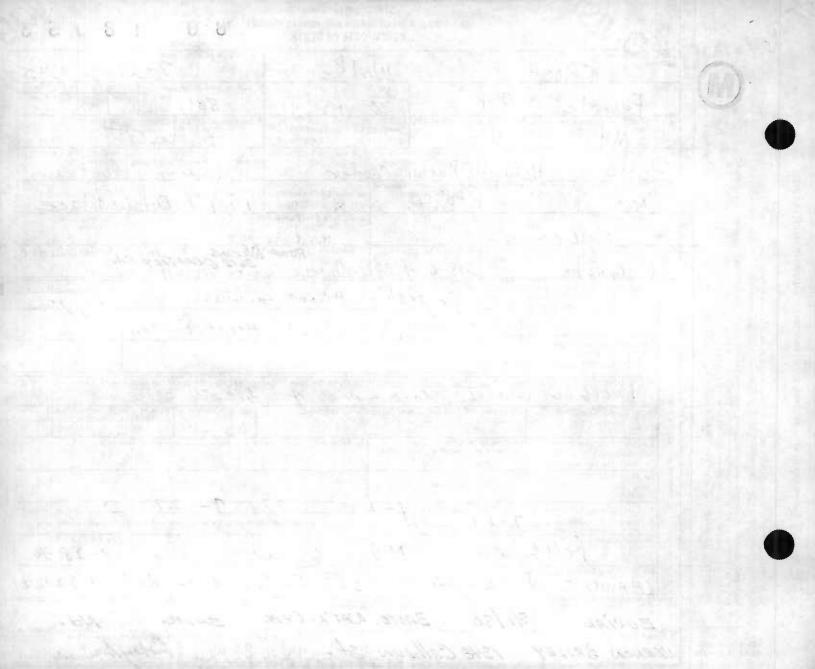
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)	160	WAS DECEASED EVER IN U.S. AR LYES, NO OR UNKNOWN) IF YES, GIV YES	rmed forces? 166 social security no. 212–14–2366	Mrs. Victors	ADDRES	Same as #1	AATE INTERVAL
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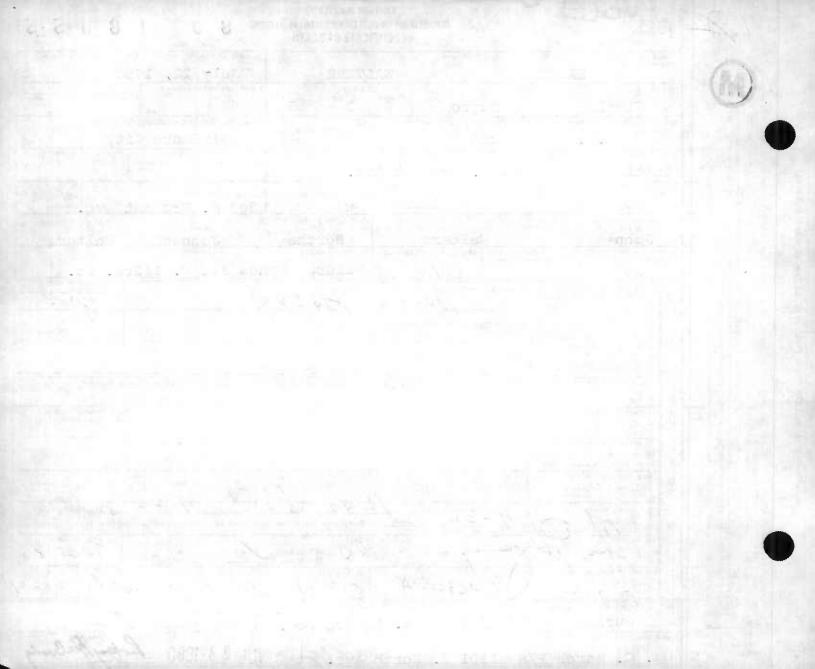
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DHMH-16 25M	24 F	UNERAL DIRECTOR	V 1240 ADDRESS	Laure St. 125g, DA	TE REC'D. BY REGISTRAR 256. BUSIST	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 26. DATE KNOWN L DECEASED NAME 2b. HOUR TYPE OR PRINT! ESTI-DEATH MATED WALLS THOMAS 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 地中华明 DATE VEAR LAST BIRTHDAY PRONOUNCED black 52 28 YRS male 19 6 DEAD 15 19 80 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED FOREIGN COUNTRY! Md -USA Baltimore City DIVORCED IB. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION TYPE OF WORK II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2319 W. North Avenue 13g. STATE 13b COUNTY 13d INSIDE CITY LIMITS? Md. YESX NO F REC 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA IODI E Bel1 Evelvn Walls, Sr. Henry 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) Rita Y. Walls 2319 W. North Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wounds to chest and head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. SED AS A BURIN AL E PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION OF HEA 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? VARDED TO THE CHAGE 3 SHOULD BE LATE DEPARTMENT O YES XX NO 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH, DA 0 subject shot MEDICAL PRIOR 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET FACTORY, FARM, ETC. 2500blk. Shirley Avenue WHILE AT WORK AT WORK Baltimore. Marvlan Autopsy XX SHOULD BE FOR 22g. I certify that I took charge of the remains described above, held an Inspection ond in my opinion Hamicide XX Undetermined monner CERT TITLE (SPECIFY) ACTUAL DATE SIGNED 7-16-80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, A Assistant MEDICAL EXAMINER MARGARITA A. KORELL, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY STATE Burial 7/19/80 Anne Arundel Co. Cedar Hill Cem Md. BP 24 FUNERAL DIRECTOR DHMH - 17 1101 E. North Ave. VR A15 ME (5) March F/h 15M 7/77

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-Elizabeth Rowe 19 80 Ward 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS. 2d HOUR DATE MONTH LAST BIRTHDAY 12:02 PRONOUNCED 29 1940 39 1980 11 Female. White DEAD YRS JO. BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Md. USA Baltimore City. WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Bookkeeper Woodworking Union Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 138 INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Md. 6 Brackenridge Ct. Baltimore YES NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gene Miller Rowe Jr Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) 212 40 6554 Peter D. Ward Same NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES TO NO 🗆 DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED If LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inspection Natural causes X death resulted fram: Accident Hamicide L Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTMORE, MA Assistant MEDICAL EXAMINER 7/5/80 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY Marie Baltimore Loudon Park Cemeterey 1980 Burial BP 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 1980 Mitchell-Wiedefeld Home 6500 York Rd. 15M 7/77

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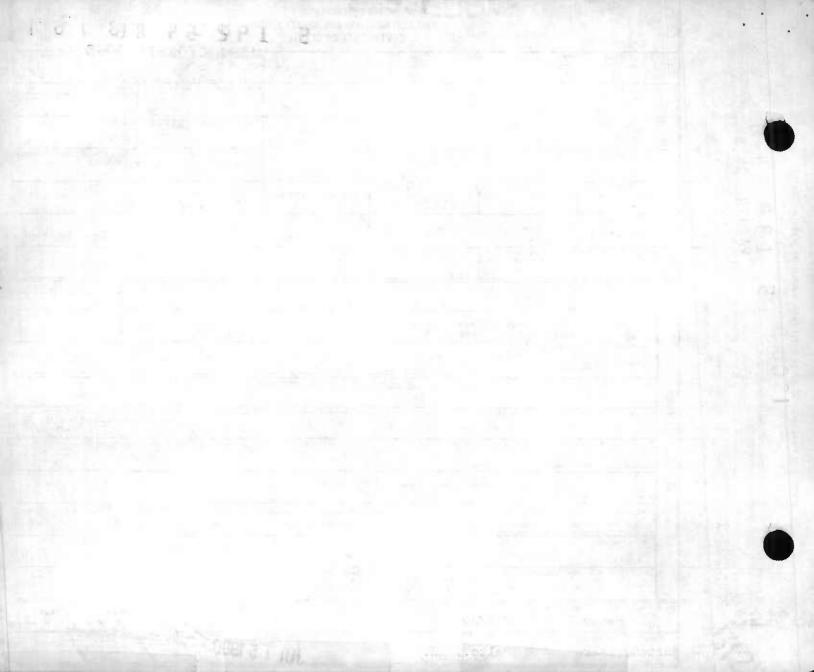


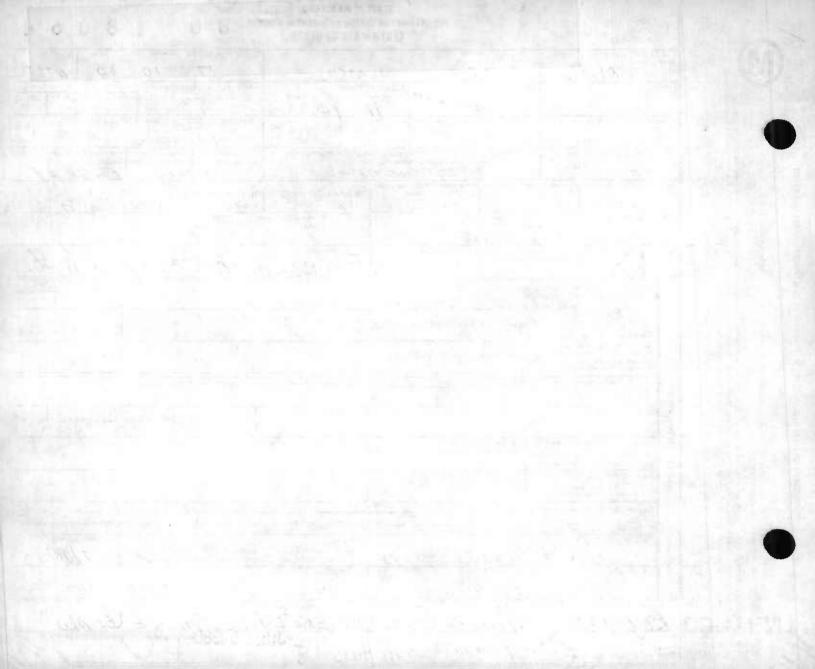
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EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE SPECETY OF CREMATORY CHEST OF C	1	SIGNATURE	Mrs	me Il	Han	A	ssistant	MEDICAL EXAMINER	DATE SIGNED	7/5/80
Type or print) Virginia L. Dolan, M.D. Address Till Penn Street	1	EW 4.14 IN IE 2/2								
Burial 7-9-80 Md. Veterans Cem. Cheltenham Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE.		TYPE OR PRI	NAME Vir	ginia L. 1	Dolan, M.D.	ADDRE	ESS	111 Per	in Stree	t
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	23a.	BURIAL, CREMA	TION REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CRE/	MATORY 23	d. LOCATION	COUNTY	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME MIDOLE 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-19 80 HAROLD WASHINGTON, SR. DEATH MATED 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 7d:HSDZR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED ma le black 10 80 DEAD Ph 08 YRS 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED [DIVORCED FILED, 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NURSING HOME, OR OTHER INSTITUTION PAGE OR INDUSTRY 2313 McCulloh Street Baltimore SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE. 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIOOLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES 3 SHOULD BE NO P 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion ARYLAND, DIRECT death resulted fram Homicide Undetermined monner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 8 Assistant SIGNED 7-30-80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell M.D. (TYPE OR PRINT) ADDRESS_ 230 BURIAL GREMATION, REMOVAL 23b. DATE 250. DATE REC'D. BY REGISTRAR 25b. ROUSTRAR'S SYNATURE DHMH-17 1980 (VR A15 ME (5)) 15M 7/77

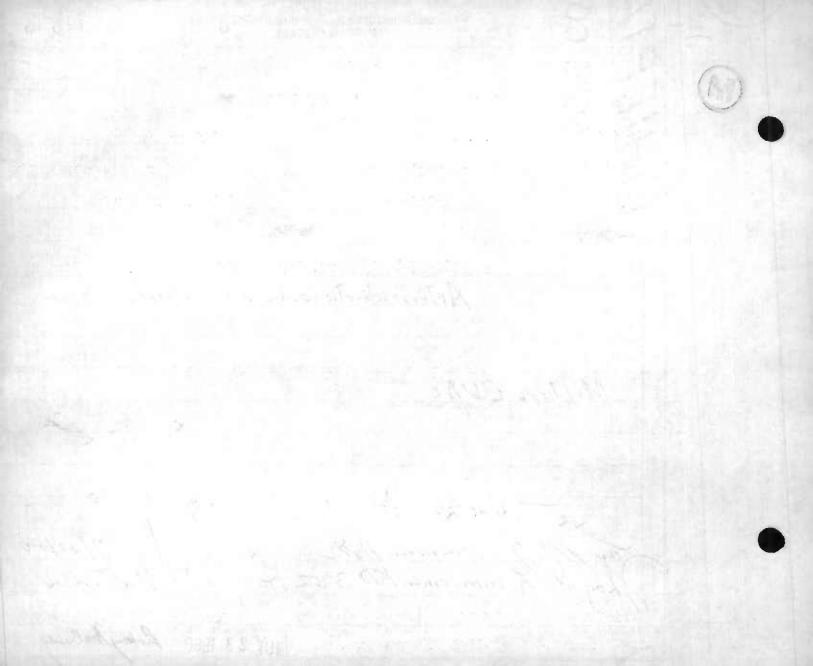
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DHMH-16 25M (VRA 15, 4) 1/79	0	WHERAL DIRECTOR	toffmann ADDRESS	3218 HUDSON ST. 30	THEY DOWN TOWN 23 PARES	ISTRAP'S SIGNATURE



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itrat OR ATTENDING PHYSICIAN: The Is by the hospitol or ottending physicion. Rat DIRECTOR: After this certificate hos e detached for use as the buriot-tronsit per state Dept. of Health and Mentol Hygiene Istate Dept. of Health ond Mentol 18 shows INT: if New 21 is marked or Item 18 shows	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CO (IF EITHER, NOTIFY MEDICAL EXAN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that th (this saw the deceased all obove, All (we) (did) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	TYPE OR PRINT)	OF INJURY A.M. MONTH D. P.M. OF INJURY TREET, FACTORY, OFFICE, F the deceosed from y after death.	AY YEAR 19 FARM, ETC.) JUN 80	216 HOW INJURY OCCURION STREET E 23 19 80 and that in (W) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS 3900 LOCE	ZOO AUTOPSY? YES NOTER NATURE OF INJUINATION TO	20b. IF YY IN CERT Y RY IN ITEM 18	co	CAUSES RPART 2) UNITY 80 from the 2c. DATE 7/	STATE that (we) (couses stated SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The Is retoined by the hospital or ottending physicion. TO FUNERAL DIRECTOR. After this certificate hos should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is marked or item 18 shows	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAN 210. IN JURY OCCURRED WHILE AT WORK AT WORK 220. I certify that the (this saw the deceased all above. As (we) (did) (d) 22b. SIGNATURE	21b. TIME C HOUR A HOUR A HOUR A INNER) 21e PLACE (AT HOME. S1 THE OR PRINT) PART VIEW the bad TYPE OR PRINT) MARKES VAL J3b. DATE	DF INJURY A.M. MONTH D. A.M. OF INJURY TREET, FACTORY, OFFICE, F A. M. 23t. N.	AY YEAR 19 FARM, ETC.) JUN 80	211. LOCATION 211. LOCATION STREET E 23, 19 80 and that in (%) (aur) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS 3900 LOCH	Z00 AUTOPSY? YES NOTE NOTE CITY OR TOV TO JULY I death accurred on the death accurr	20b. IF YOU IN CERT YOU IN CERT YOU IN ITEM 18 ON THE AIR OF THE A	countries Countr	RPART 2) UNITY 80 from the 2c. DATE 7/	STATE STATE
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4107 Wilkens Ave 21229

FOR

- STATE

24 FUNERAL DIRECTOR

Hubbard Funeral Home

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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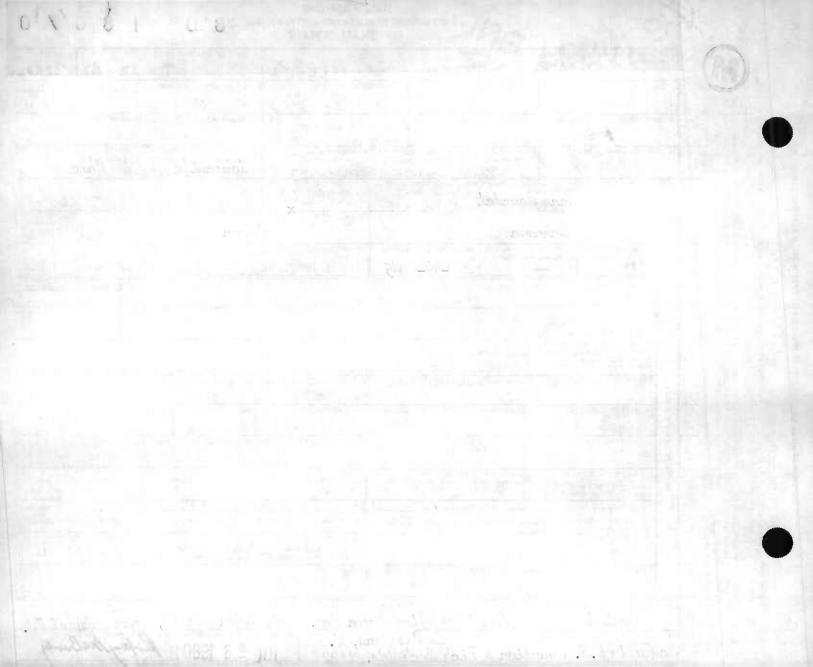
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE LAST 2s DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 20 Wayman 3 SEX 4 RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS IF UNDER 1 YEAR HOURS DAYS Female 1904 253 Negro 56 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY S.C. USA WIDOWED DIVORCED 1 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
MERCY HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1126 Forest St. 13e STATE 136 COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? Baltimore MD YES TA NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John MEDDLE Eula MIDDLE Μ. Brown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (VES NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) the 217-12-6049 Altoria C. Butler 1126 Forest St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CTLAM DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause years lost Right stushown calculus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING, CAUSES OF DEATH? NOF YES P NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 216. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22s I certify that (IN(this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22r. DATE SIGNED M: Comach TO FUNERAL E should be detach with the State D ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS OCCORMACK 230 BURIAL CREMATION, REMOVAL 236, DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 7/29/80 BP Westview Mem. Baltimore Pk MD 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 25b. **DHMH-16 25M** 1101 E. North Ave. Wm. C. March F/H (VRA 15, 4) 1/79

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙇 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME TYPE OF PRINT Weifenbach 80 John н. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH U.S. Bal'timore. Md. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 175 KIND OF BUSINESS OR Pressman Printing NACHITY ROBERNSON Street Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Robinson Street 136 COUNTY CITY OR TOWN Md. Baltimore IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Weifenbach George Anna Cunzeman 17 INFORMANT 443 N. RODIERSON St.-Balto. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) Mrs. Mildred A. Weifenbach-Md. 21224 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY agrist mol-cou IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying cause TED TO THE TERMINAL DISEASE OR CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 30 .19______, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated sow the deceased alive on abave, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 22b. SIGNATUR ATTENDING MEDICAL uld be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME 447 N. KENWOOD A 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL Lorraine Park Cem. Ballitmore, Maryland STATE (SPECIFY) Burial 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 3000 E. Baltimore SEDDRESS (VRA 15 (4)) Boltomer, Md. 2122

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y be		CEASED NAME E OR PRINT)	FIRST GE	orge	MIDDLE .	हांडड	Meis	S	20. DATE OF DEATH	MONTH LY 9	DAY YEAR 2	10 PM
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BAL cate ysscre apper val.		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	one couse per	line for (o), (b), and ici.1	1 1 C					ATE INTERVAL
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RESTON death a attendin nave cark atian, or froumatic		Conditions, if ony,		(b)_	AOR	TODUK	DENAL	- FIST	ULA		1	
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R ATTI hospit hed for ept. of tem 21		obove, (I) [we] [di	d) (did not) v	view the body	ofter death.	19 0 0		(our) opinion c	death occurred on the	e dote ond no		
0 0 0		226. SIGNATURE	. 1	10			DEGREE	TTENDING	MEDICAL S	TAFF \	22c. DATE S	9 198
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6	1.	FOR - STATE REGISTRAR	DEPARTMENT	OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	REG. NO.	8 0 7 4
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A Popularia dire	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
ofter almost	10 C	Maryland ITY OR TOWN OF DEATH	USA WIE 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES		Baltimore (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
11201 in by the be filed be notified	USU	Baltimore AL RESIDENCE (IF NURSI GHORE	St. Agnes Hos	SION)	Refrigeration	
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4 ST., BALTI certificate bing physicion mg physicion bon popers. removol		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), (b) and (c)		2-87	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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01 W. PRESTON is that the death ce dby the attending lease remove corbinal, cremation, or ror or other troumatic		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE		psi ²	
RDS, 20 equires a signed Then plu in to burin injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
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3 0 E		270.1 certify that (I) (this hasp	n 23 Jun 19 80	, and that in (my) (our) opinio	n deoth occurred on the date and he	, 19 our ond from the couses stoted
O HOSPITAL OR ATTEN etoined by the hospital TO FUNERAL DIRECTOR should be detached for us with the Store Dept. of He MAPORTANT: If them 21 is	-	27b. SIGNA (URE	6: 200 f.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED
O HOSPITAL OR A efoired by the hospital DIRES should be detoched with the Stote Dept.	-	270. PHYSICIAN'S NAME (TYPE		22e ADDRESS	ilkens Avenue:	s Balt.Md 29
or o	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 236. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY ORTOWN	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR C Nabb Funera	ADDRESS	11	Baltimore Contraction By REGISTRAR (2) 1. FEB. 1980	ity; Maryland
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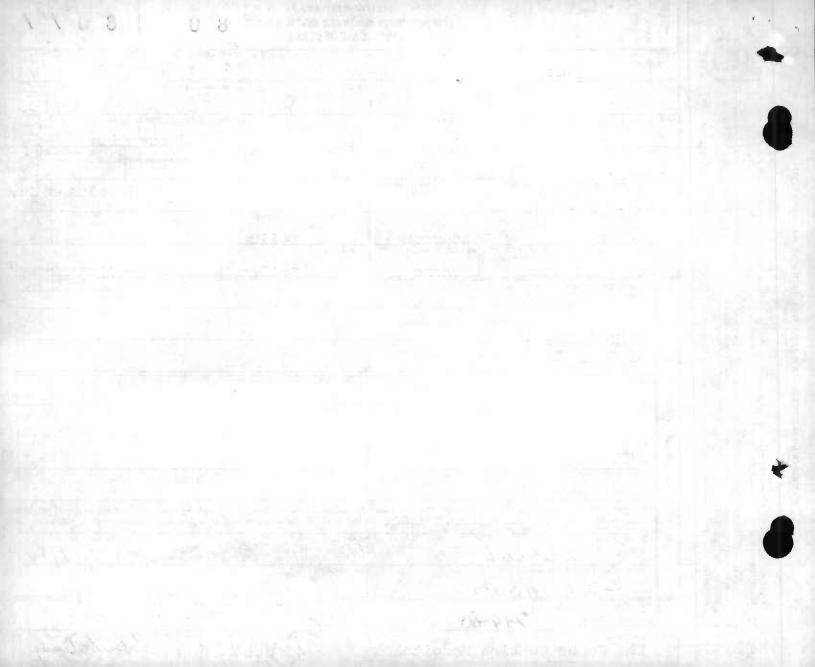
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hen please remove carbo r to burial, cremation, or ny injury, or other traum	NO	gove rise to imm cause (0), stating underlying cause	mediate ag the lost.	(b) DUE TO, OR (c)	AS A CONSEOU	JENCE OF	NOT RELATED TO THE TE	RMINAL DISE	ASE OR COND	DITION GIVI	EN IN PAR	T No:	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2ª DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Baby Girl Werrell 4 RACE 5 DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR DAYS Δ Po BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT, COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Johns Hopkins Hospital USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
138 STATE 139 COUNTY 131 CITY OR TOWN 1707 Orleans St. 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Balto NO [Baltimore, MD MD 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST John Lolita Henderson Werrell I 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I IN YES, GIVE WAR OR DATES) No Lolita Werrell No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), lb1, and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION TO DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [218 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from saw the deceased glive on above, (1) (we) (did) did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED 22h. SIGNAJURE DEGREE MEDICAL ATTENDING IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN [FUNERA uld be del h the Stat 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS 0 23e BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE Johns Hopkins Baltimore, MD. Cremation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 25M The Johns Hopkins Hospital (VRA 15, 4) 1/79



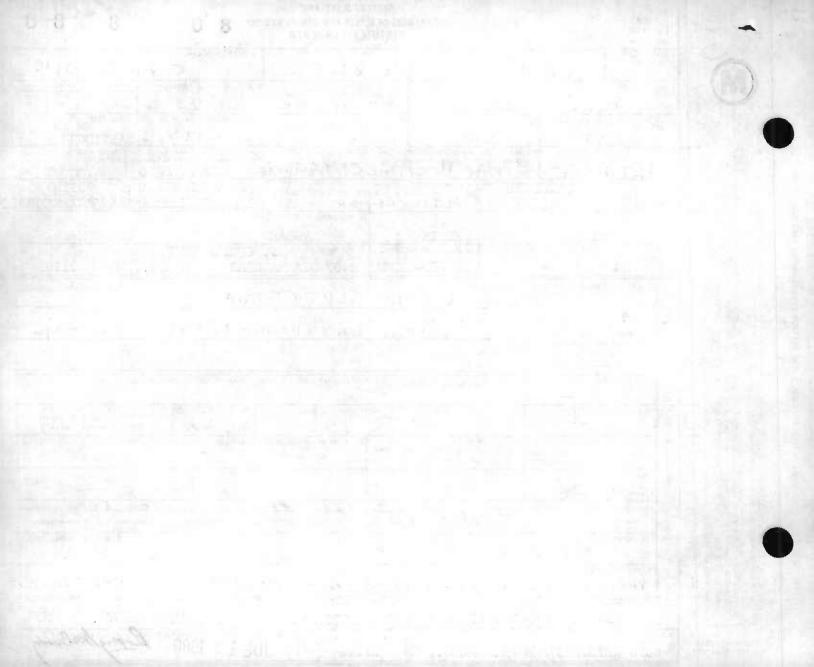
	I DE	STATE REGISTRAR CEASED NAME FRST . OR PRINT] STEVE	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 125 HOUR
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noris			RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
notifi a		M	WHITE	MONTH DAY YEAR	22 YRS	MONTHS DAYS HOURS MIN
notif	7e BI	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	
04		mo	USA	WIDOWED DNORCED	BALTIMORE CI	ITY MD.
8/	_	BALT I MORE	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	17% KIND OF BUSINESS OR INDUSTRY
must	ÚSU	AL RESIDENCE IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	
mine	n	20	BALTO	YES R NO	337 S, NE	WKIRK ST.
0-7	14. FA	THER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN NA	ME	MEYERS
D YY	1	AUL.	L WEST	SR AUDRES		MEYERS
the me		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) I I IF YES, GIVE W	/AR OR DATES]		ADDRESS	D
E /		NO	2/3-80	-1334 HULREY	WEST 33	
even		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and		0	BETWEEN ONSET AND DEATH
anc		PART I. DEATH WAS CAUSED IMMEDIATE		o Vascular / Kesy	o. aresi-	
traumatic		430-	DUE TO, OR AS A CONSEQUE	INCE OF	1 . 0	
ar tr		Canditions, if ony, which	((b) 2° (erelso Vascul	on Houder	4-
other		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF Sub An	achaoid heam	onlya
0		underlying couse lost	ISI	The state of the s)
ınjury,	7	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
auk	CERTIFICATION	19a DATE OF OPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF)	YES, WERE FINDINGS USED
shows	FIC.	178 DATE OF OPERATION	178 CONDITION FOR WHICH	OFERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
	RTI		The state of Killing	131- 1101/111107 055110	YES NO	YES NO
marked or Item 18		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			RED (ENTER NATURE OF INJURY IN ITEM I	B, PART 1 OR PART 2}
j "	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
E NE	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC STREET	CITY OR TOWN	COUNTY STATE
		22a certify that (I) (this hospita	I) attended the flacered from	7/28 1880	1 7/28/	19 0 , that (I) (we) lost
		sow the deceased alive on_	7/28/ 198	ond that in (my) (our) apinion	death occurred on the date and h	
If Item 21		above, (I) (we) (did) (did not)	view the body after death.			22c. DATE SIGNED
		N _ M	ench !	DEGREE M 1) ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	M. DATE SIGNED
Z A		224 PHYSICIAN'S NAME (TYPE OR	RINT	122e ADDRESS		
MPORTANT			IERCHANT.	57. AG	NES HOSE	PITAL.
2	23a B	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR FOWN	COUNTY STATE
	C	URIAL	7-30-80 u	ESTVIEW CEM		MD.
	-					ICTRACIC CICALATION
	24. FU	UNERAL DIRECTOR	Appear	70/	F REC'D. BY REGISTRAR 256. REG	SUKAR'S SIGNATURE

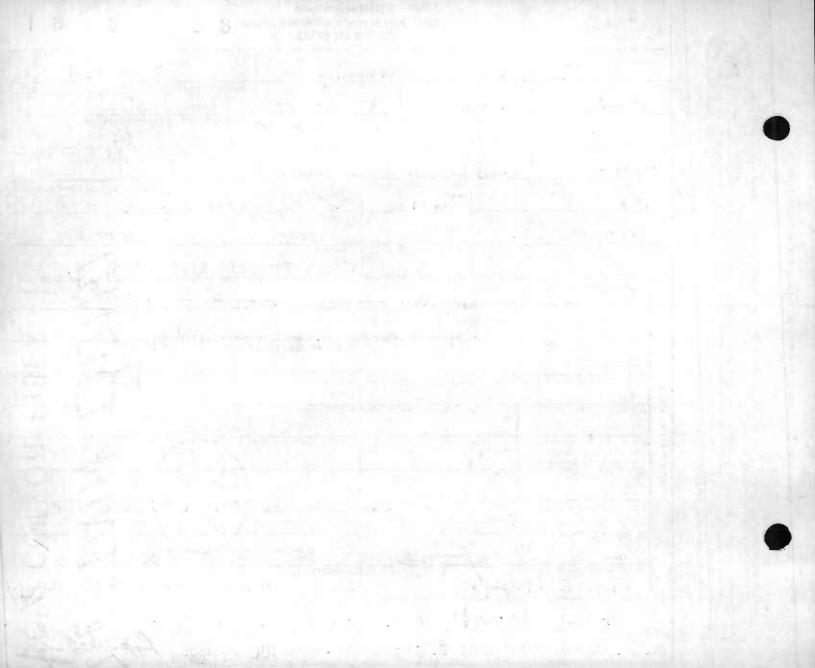
CTATE OF MARYLAND

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1 14	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H	GIENE A A	8079
Kar	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
leon and a second	1. DECEASED NAME FIRS (TYPE OR PRINT) ISAB	ELLE W.	WESTPHAL	2a DATE OF DEATH MONTH	8 80 12k17 M
Her o	3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN
recto	Female	Whate	3 28 05		RS
death. P	To BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	
on softer of sof	BALTIMORE	(IF NOT IN SUCH FACILITY O	, NURSING HOME OR OTHER INSTITUTION BIVE STREET ADDRESS) S HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY NONE
AND 212			RBITTIS YES NO THE	13e STREET ADDRESS	
E, MARYLAND uted within 24 completely filled 1 and 2 should	Charles	Mes	tpha1 Elizabe		Spies
BALTIMORE, cole be executioned copers. Pages in your, the medical	160 WAS DECEASED EVER IN U. (YES, NO ORUNKNOWN) (IF YI	S GIVE WAR OR DATES)	17 INFORMANT 198-460 Mirian Hule	ADDRESS er 907 Courtney	Rd. Balto. #2122
RDS, 201 W. PRESTON ST equires that the death certi signed by the attending p Then please remove carbon to burial, cremation, or rem njury, or other traumatic ew	Canditians, if ony, whi gave rise to immedia cause (a), stating t underlying cause la	DUE TO, OR AS A CO		RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
NI RECONTENT OF THE PROPERTY O	190 DATE OF OPERATION 7-7-78 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOI	which operation was personned	200 AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITAL IYSICIAN: The ding physicia s certificate h ourial-transit Mental Hygie	OR COLUMNIA COLUMN	OF DEATH HOUR A.M. MOT		IRRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig se as the burral-transit permit. There of the and Mental Hygiene prior to b marked or item 18 shows any injury	(IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR	Y 211 LOCATION	CITY OR TOWN	COUNTY STATE
TTEND! pital or TTOR. A for use of Heal	220.1 certify that (I) (thus saw the deceased all above (I) (V	I VAITA	d fram 19 19 19 19 19 19 19 19 19 19 19 19 19	n death accurred on the date and	thour and from the causes stated
O HOSPITAL OR A effored by the hospital or EC FUNERAL DIRECTOR Much the Store Dept. MAPORTANT: If them	226 PHYSICIAN'S NAME	mtillem .	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOS bined FUN buld th	B Montin	Middleton. M.D.	900 S. CA	ATON AVE. BAL	TIMORE, MD. 21229
Shour reform	23a. BURIAL, CREMATION, REMO		230 NAME OF CEMETERY OR CREMATORY	123d LOCATION	
1/00 BP	BURIAL	7/11/80	St. John's Cemetery	Waterloo,	Howard, Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME Hubbard Funeral	Home; 4107 Wi	Tkens Ave. 21229	ATE REC'D. BY REGISTRAR 256.	SIS BAR'S SUNAL RE

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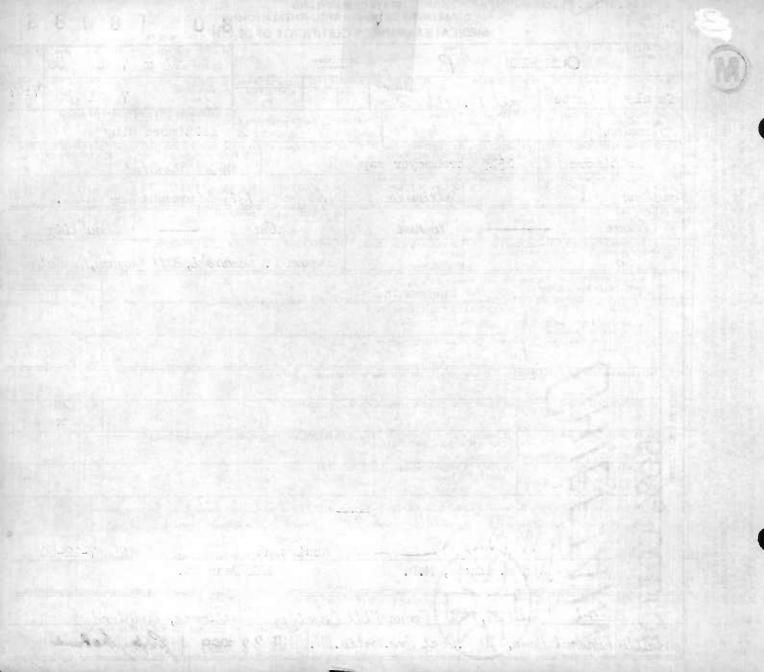
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1		STATE REGISTRAR				NER'S	CERTIFICATE	OF DEA	H U REG	, NO.	0 0	3
		CEASED NAME PE OR PRINT)	FIRST		WIDDLE		LAST	1	OF ESTI-			2b. HOUR
E SESSE	1		Clarence		E.		histler		DEATH MATED		27 ₁₉ 80	M
	3 SE		MO	ATE OF BIRTH DAY	1922 6 AGE (IN LAST BIRT			DER 24 HRS.	PRONOUNCED DE AD	7	27 ₁₉ 80	3:27
R7971.	70 B	IRTHPLACE (STATE OR		ITIZEN OF WHA		10			9 BALTIMORE CIT	TY OR COUN		I A M
RECORDS, 301 W	FO	Pennsylvan	ia	U.S.A		WIDOV	IED X NEVER MA	RRIED			e City,	
	10 C	ITY OR TOWN OF DEA	TH 11. N	NAME OF HOSP	TAL, NURSING HO			12a. USU	AL OCCUPATION	(TYPE OF WORK	12b. KIND OF B	
0		altimore	S	St. Agne	s Hospita	.1			ost of working life)		OR INDUS	IKY
F	13a S	AL RESIDENCE (IF IN NUR STATE Saryland	SING HOME OR OTHE 13b. COUNTY	er institution, give	RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Baltimore	1	13d INSIDE CITY LIMITS		et address)5 Spence	Stree	± 21230	
-		ATHER'S NAME					15. MOTHER'S MA			Derec		
Y		Unknown	AID	DLE	Whist:	ler	FIRST		n k n o	wn	LAST	
1	160.	WAS DECEASED EVER I	N U.S. ARMED F	ORCES?	16b. SOCIAL SECUE		17. INFORMANT		ADDR			
1		Yes	WW II	- DAILES	174-18-2	2270	Timothy	E. Wh	nistler 2	4 E. E	ager Str	reet
		18. CAUSE OF DEATH PART I DEATH WA	H (Enter only one		or (o), (b), and (c).)						APPROXIMA BETWEEN ONS	E INTERVAL
			AS CAUSED BY	035 (0)			Cardiova	scular	Disease			
VAL.	10	Conditions, if o	ny which	DUE TO, OR A	S A CONSEQUENC	E OF					The state of	
REMOVAL		gave rise to cause (o) stating	immediate /	(b)	5 A CONSTOURNE							
		lying couse lost.	ine onder-	DUE TO, OR A	S A CONSEQUENC	E OF					1000	
-		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	(c)	T NOT RELATED TO THE T	DMINAL DISEAS	E OR CONDITION CIVEN IN	N DART 1 (a)			1	
	Z				T NOT REENTED TO THE T	KMIITAE GIJEKJ	e or condition diven in	TEARLE (Q),				
	ATA	19a. DATE OF OPERA	TION	19b. CONDITIO	ON FOR WHICH OP	ERATION W	/AS PERFORMED?			0.75	20 AUTOPSY	?
Ż	CERTIFICATION			18:18							YES 🗆	NO X
ā		210 EXTERNAL CAUS		216. TIME OF I	NJURY MONTH DAY YE	AR 21c. H	OW INJURY OCCUR	RRED (ENTER N	IATURE OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
ز	MEDICAL	CONTRIBUTING	AUSE OF DEATH	P.M.	19					15		
	WED	21d. INJURY OCCURR WHILE NOT		21e. PLACE OF STREET, FACTOR			CATION STREET		CITY OR TOWN	CC	OUNTY	STATE
	1	AT WORK AT WO	ORK	1// 19/5								
		22a I certify that 1	took charge of tl	he remoins descr	ibed obove, held an	Autop	sy , Inspec	tion X	Inquiry ,	ond in my o	pinion	
		deoth resulted from:	Natural cas	uses X, A	Accident ,	Suicide	, Homicide	Undete	ermined monner	,		
	100	ACTUAL	11.	Y	01.		TITLE (SPECIFY)			DATE	7/20	190
7		SIGNATURE	Vigue	ia de	vera	N	ASSIST	ant MEDI	CAL EXAMINER	SIGN	7/28	700
ø	-	EXAMINER'S NAME (TYPE OR PRINT)	Virgin	nia I. T	olan, M.I).	ADDRESS		111 P	enn St	reet	
	23 a. E	URIAL CREMATION RE			23c. NAME OF C			23d. LO	CATION			
	1	Specify) Burial		7-30-80			emetery		eltenham	P.G	Mary]	land
		UNERAL DIRECTOR		ADORESS		21229		TE REC'D. BY	REGISTRAR 154	a play	pre Crisidy	
	Hu	bbard Fune	ral Hom	THE WILL GO	4107 Wil	kens A	ve. III	11 30	1980	/	/	

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3 1.	STATE REGISTRAR					CERTIFICATE		H O REG.	8 NO.	0 8	5
	PECEASED NAME (YPE OR PRINT)	FIRST CATHE	RINE	MIDDLE	W	HITE	20	OF ESTI- DEATH MATED	 монтн 7	20 19 8C	2b. HOUR
3. Si	emale	4. RACE White	5. DATE OF BIRTH MONTH DAY April 14	YEAR LAST E	(IN YEARS IF UN BIRTHDAY) MONTH		ER 24 HRS. 2	C. DATE RONOUNCED DEAD	монтн 7	21 ₁₉ 80	7:07 P M
5 70.	BIRTHPLACE (ST FOREIGN COUNTRY)	1	76. CITIZEN OF W		8. MARRI WIDOW		RRIED L	Baltimore City Baltimor	_		MD.
		imore	1315	SPITAL, NURSING P CRITY, GIVE STREET ADD Strohmeye	r Way	ER INSTITUTION	FOR MC	ost of working life)		12b. KIND OF BU OR INDUST	JSINESS
130.	ryland	13b. COUNT		13 CITY OR TON	WN	13d INSIDE CITY LIMITS?		t address Stromey	er Way	Balto.	
2 -	FATHER'S NAME	. Onto on	WIDDLE	Wagner		15. MOTHER'S MAI	_	MIDDLE		Baublit	3 1
16a.	WAS DECEASED (YES, NO, OR UNKNO	O EVER IN U.S. ARA		Unknow	urity NO.	Sharon L	.(hesa	ADDRE WSKi, 2017		ay, Dunda	
NO	gove ris couse (o) lying cau	et.	(b)	AS A CONSEQUE AS A CONSEQUE BUT NOT RELATED TO TH	NCE OF	E OR CONDITION GIVEN IN	PART 1 (q)	t			
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION W	AS PERFORMED?				20 AUTOPSY	? NO 🗆
MEDICAL CER		IG CAUSE OF D	EATH P.N	. MONTH DAY	YEAR 9	OW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)	
MED	21d. INJURY CO WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HO! FORY, FARM, ETC.)		CATION TREET		CITY OR TOWN	co	YTAUC	STATE
	220. I certification of the second of the se	d from Noture	al courses (C)	Accident Accident M.D.	Suicide M	Homicide TITLE (SPECIFY) Assista	Undeter	mined manner	and in my o], DATE SIGNI	7_22_8	30
	(SPECIFY) Bu		July 25, 1		11.11	R CREMATORY.		timore,	Marula	and	TATE
24. M	FUNERAL DIRECT	Funeral H	Home, 13055	E. Fort A	re.Balt	o.M. JU	L 22 1	980	USTR'AR'S	Signature	

Add. Info. FilmG547 9/4/80 Kam STATE OF MARYLAND



Ternom R. Bailey F.H. 1348 Calhoun Street

MIDDLE

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79 I. DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2h HOUR

12h KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

80 that (\$7 (we) last

July 9, 1980

STATE

22c DATE SIGNED

STATE

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

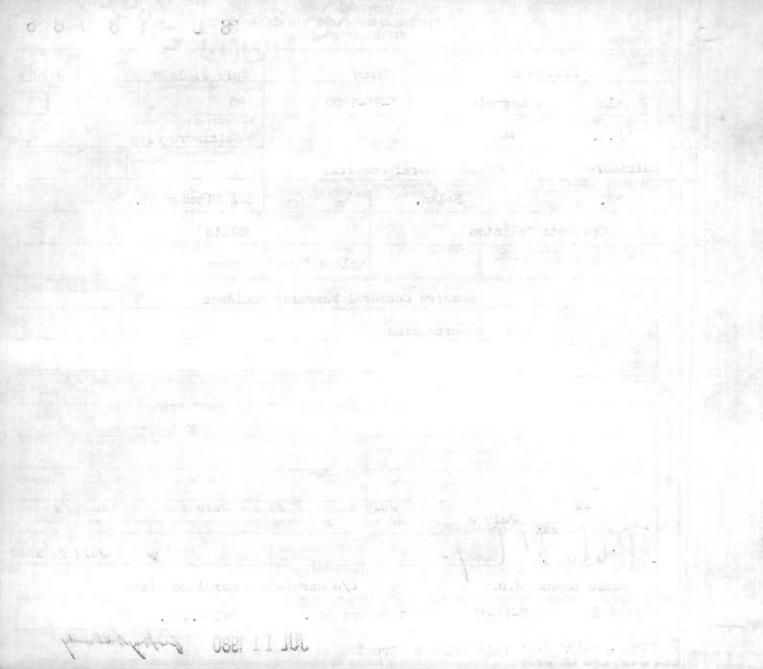
YES [

COUNTY

COUNTY

DAYS

20 DATE OF DEATH MONTH



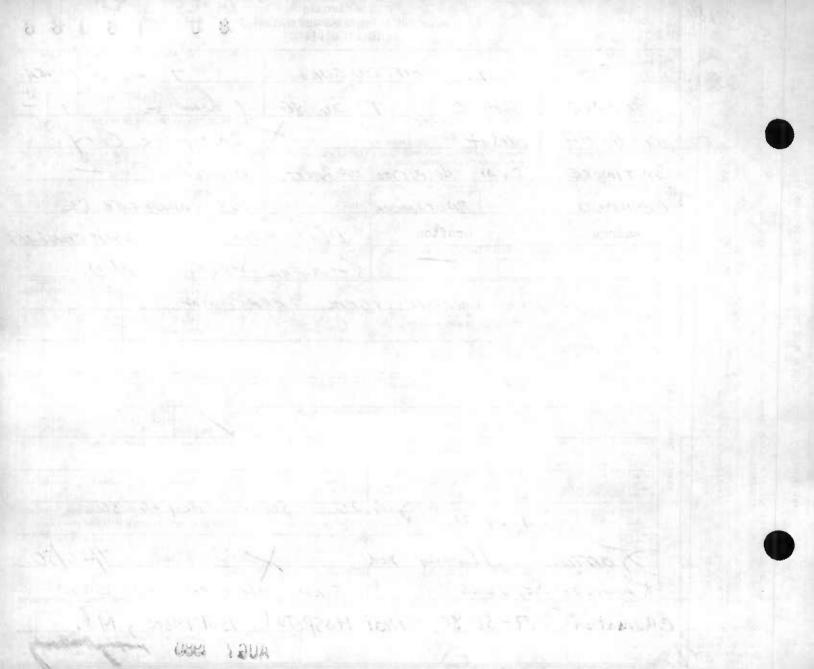
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME KNOWN X 20. DATE MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-WILLIAM WHITE 21, 80 V. .Sr. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 10 80 male negro 8 38 9 41 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH MARYTAND U.S.A. Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Balto. Gen. Hosp. FOR MOST OF WORKING LIFE) Baltimore (DOA) ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? PASADENA 13e. STREET ADDRESS 8001 Outing Avenue NO [OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MARY MIDDLE JAMES WHITE E. YOUNG 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT . 16b. SOCIAL SECURITY NO. DIVISION Pasadena, Maryland YES, NO, OR UNKNOWN) YES SHIRLEY WHITE 8001 Outing Avenue CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c) PART | DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, OR REMOVAL. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION OF HEA 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES TO NO DED TO THE 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE STATE X 220. I certify that I taak charge of the remains described above, held an SHOULD BE FOR Inspection and in my opinion ER DEATH, WITH THE TIMORE, MARYLAND, death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-22-80 PAGE 4 SHOU TO FUNERAL DAFTER DEATH, SIGNATURE. 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURTAL 7-26-1980 CARPENTER HILL CEMETERY BP. 250. DATE REC'D. BY REGISTRAR 155. RECEITAR'S SIGNATURE MATYLAND Round Bay 24. FUNERAL DIRECTOR Annapolis. Md. DHMH - 17 VR A15 ME (5) SONS MORTUARY, P.A. 15M 7/77

STATE OF MARYLAND

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.C. (DOX)	

356-9786. FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2e DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) WHITTEN BURG 0:154 1 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAR 90 Te BIRTHPLACE ISTATE OR FOREIGN LITIZEN OF WHAT COUNTRY? **9. BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MAN COUNTY 13c CITY OR TOWN 1131 INSIDE CITY LIMITS? 13. STREET ADDRESS 268 CEOPRIMENE CR 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Andrew MIDDLE WHITTENBURG ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ACRO COCCY GEAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse ip), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NO YES T NO I 20 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH YEAR DAY OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) 19 P.M 214 INJURY OCCURRED 21. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR FOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a Leertify that (1) (this hospital) attended the deceased from saw the deceased alive an , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 776 SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS should be with the S 0 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e BURIAL, CREMATION REMOVAL 23b. DATE STATE D. BY REGISTRARIZSE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M NAME **ADDRESS** FIRE (VRA 15, 4) 1/79

STATE OF MARYLAND



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 2R DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Berkley Adele Wible 30 3 SEX 4 RACE 5 DATE OF BIRTH . AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White 1977 Female July IR. BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S.A. Baltimore City Maryland WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore 1000 Poplar Hill Rd. None USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 134 SIREET ADDRESS 1000 Poplar Hill Road 134 INSIDE CITY LIMITS? Md. NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Emilie Jeffrey MIDDLE Wible Williams 1000 Poplar Hill Rd., 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Jeffrey R. Wible Baltimore, Md. None No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY NEUROBLASTOMA 4-m0 IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO K NO T YES | or Item 18 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on_ ____, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 276. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation Westview Memorial Park Baltimore, Maryland July 22, 198 24 FUNERALDIRECTOR 25s. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Owing som Mills. Md. DHMH-16 25M

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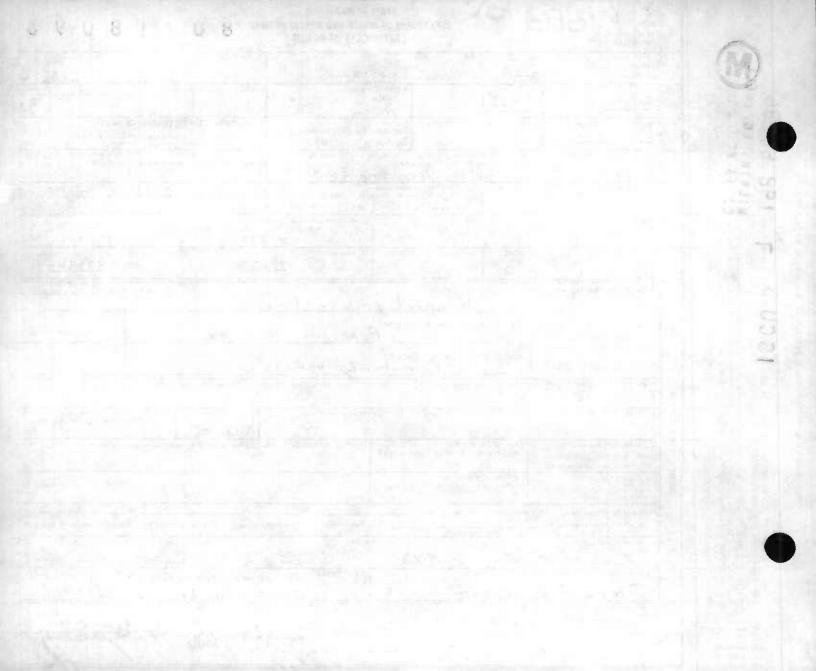
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		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DRY 8 //	NSCON		APPROXIMATE BETWEEN ONSET	AND DEATH
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aw requires theen signed by Then please re or to burial, ci	z	PART 2 OTHER SIGNIFICANT C	107	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1101	
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN KK MONTH (TYPE OR PRINT) OF Williams (Jones Damon 20 DEATH MATED 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR DAY PRONOUNCED 19 80 3:03P black. 20 male 3 8 28 76 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City MD USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Johns Hopkins Hospital FOR MOST OF WORKING LIFE! Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2904 Oakford Ave. 13a. STATE 13d. INSIDE CITY LIMITS? MD Baltimore YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME WIDGLE MAIDDLE Jones Williams Rena Douglas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES NO, OR UNKNOWN) 2904 Oakford Ave. N/A Yvonne Jones No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hand gun Gun: Gun shot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 HEALTH / **IFICATION** CREM, OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (HO) BURIAL, YESXX RWARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT (21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 7/20 10 80 self inflicted wound 1:40PM PRIOR 71f. LOCATION WHILE AT WORK MD STATE 2904 OakfordAvenue, Baltimore basement/home HeadOn Ly PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2 22a. I certify think took charge of the rema described obove, held on deoth resulted from afterol couses Undetermined manner TITLE (SPECIFY) Deputy Chief 7/21/80 ACTUAL DATE SKINATUR SIGNED EXAMINER'S NAM 111 Penn Street, Baltimore, MD 21201 Thomas D. Smith, M.D. (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE 7/25/80 Baltimore Cem. Burial Baltimore MD 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RESSTRAR'S SIGNATURE DHMH - 17 1101 E. North Ave. VR A15 ME (5)) C. March F/H 15M 7/77

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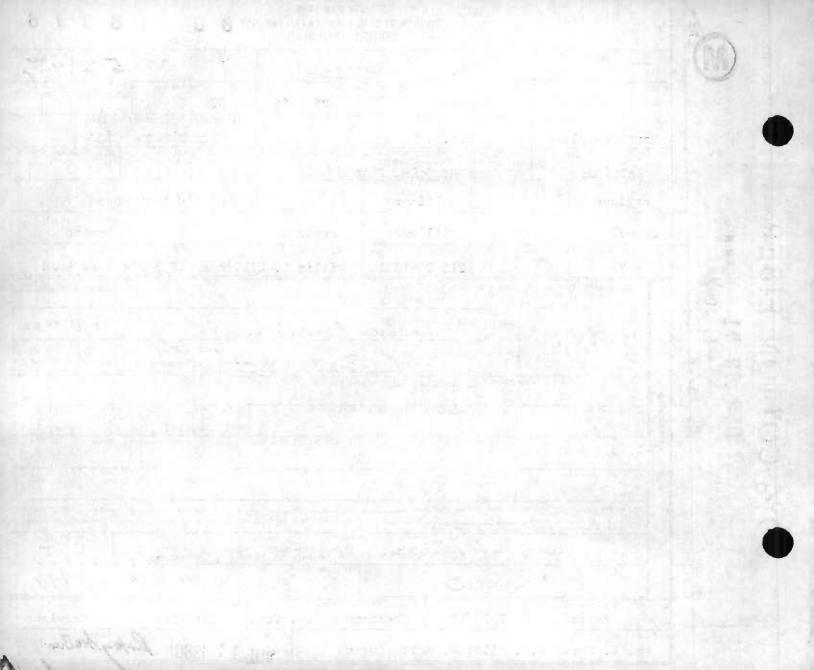
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DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	ı F.H.	1101 E	ADORESS Nort	h Ave	nue	25a. DAT	E REC'D. BY REGI	. 7. 3	STRAR'S SIGN	Creedy

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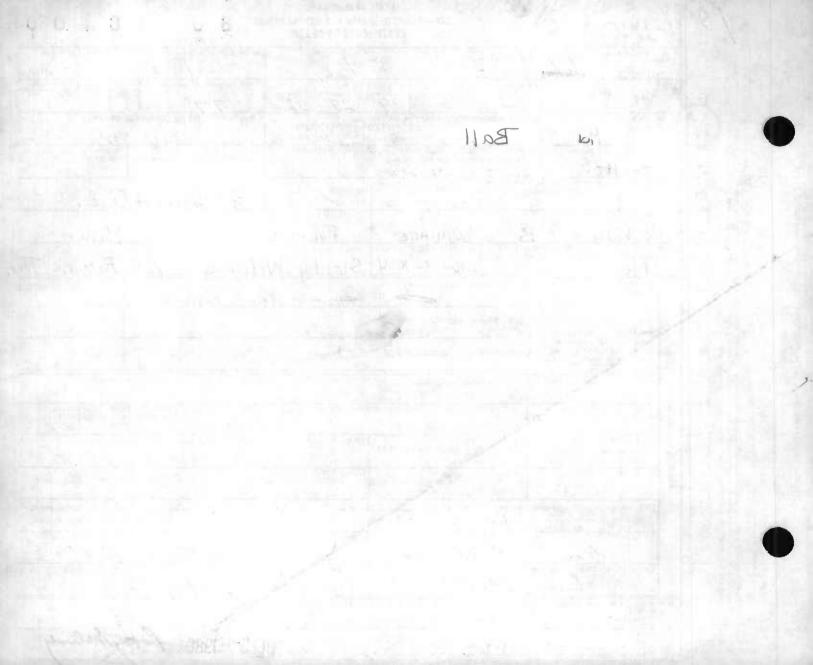
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Gre FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT 07 L. Williams John Per 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 6 Male Negro 53 To BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. North Carolina WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Johns Hopkins Hospital MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION chel a STATE 136 COUNTY Baltimore 13e. STREET ADDRESS York Road 13d. INSIDE CITY LIMITS? Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Samuel MIDDLE Strong Williams Vernisha ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 216-30-1381 Willie B. Williams 4808 Old York Road Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Carline arrest PRESTON ST. Dr IMMEDIATE CAUSE (a 1 hour enticular foullation by Canditions. if any, which gove rise to immediate Arobably: the couse (o), stating the June coronsery alfory D underlying cause last. Interough PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 216 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from_ saw the deceased olive on. and that in (my) (our) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIA PHYSICIAN [MPORTAN 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b C.R. Burnou 523 DONICITE TEL. BC Himore 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Cheltenham Maryland Burial 7/19/80 Cheltenham V.A. Cem 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 Wm. C. March F.H. 1101 E. North Avenue (VRA 15, 4)



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9 0- 6	160.1	MAS DECEASED EVER IN U.S. ARME YES, NO ORUNKHOWN) (IF YES, GIVE WA	AR OR DATES	CURITY NO 17 INFORMANT	ADDRESS	
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w requires that the di- en signed by the atte. Then please remove ci r to burial, cremation ny injury, or other tr	NO	Conditions, if any, which gave rise to immediate cause 10°, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	Blytelan Concer	INAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
Clan. Clan. flicate has bee nsit permit. T Hygiene prior m 18 shows ar	CERTIFICATION	1% DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
~ C 0 0 0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	
ENDING PHYSICIA ar attending physician RE. After this certific eas the burial-transition and Mental Hy is marked or Item 1 is marked or Item 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION	CITY OR TOWN	COUNTY STATE
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F 6 F 8 3 €	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	8/2/80	Western Star Cem.	Catonsville, I	Md.
DHMH-16 25M (VRA 15, 4) 1/79	24 F	Wm C March F/H	1101 E. Nor	th Ave.	REC'D. BY REGISTRAR 256. REST	They He heady



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00	14. F/	ATHER'S NAME		WIDGIE		LAST		15. MOTHER'S	S MAIDEN NA	ME	OCE		LAST	
0	16a V	Lewis	EVER IN U.S. ARA	L.	Wil	liams SOCIAL SECURIT	Sr.	Ma 17. INFORMA	ry		ADDRESS		Gary	11.121
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		lying caus	e last.	(c)									10000	
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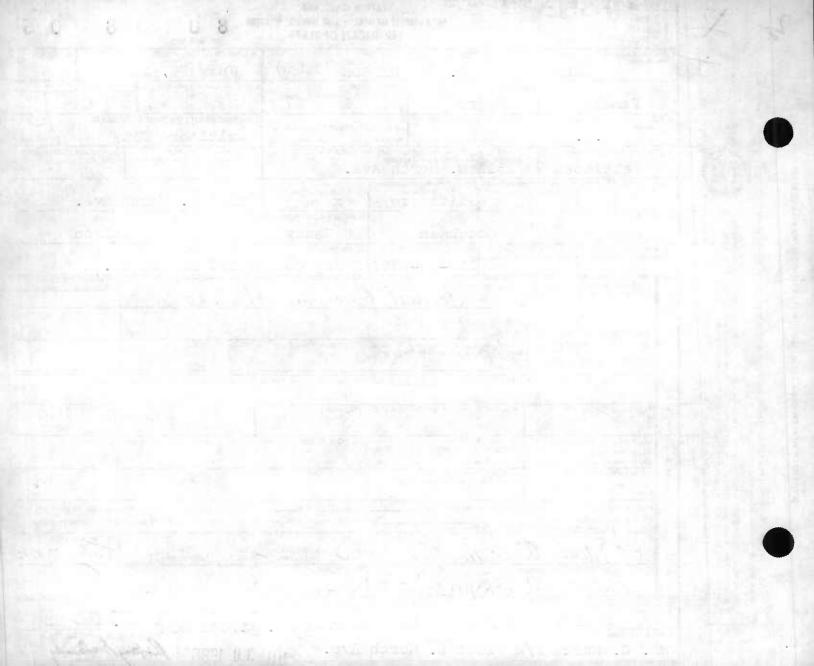
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160	O. WAS	DECEASED EVER IN U.S.	S. ARMED FORCE		CIAL SECURITY	NO. 17	. INFORMA	NT		ADDR		
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4		Canditians, if any, v		>)								
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23	3o. BURI.	AL, CREMATION, REMOV	VAL 23b. DATE	23c.	NAME OF CEME			Υ	23d, LOCA	TION	COL	UNTY / STATE
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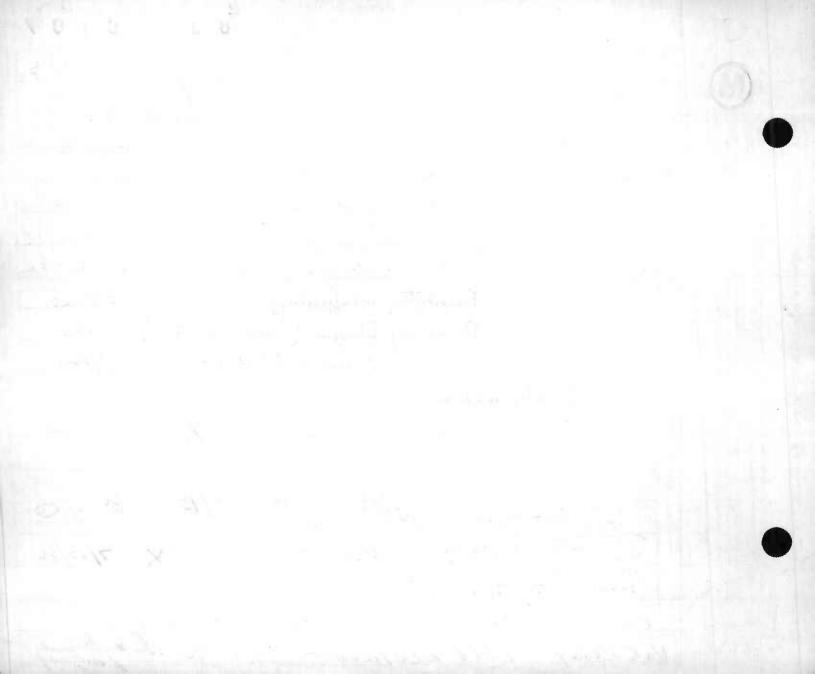
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₹ ₹ ₹ 736	Burial CREMATION, REMOVAL 1336 DATE 1336 NAME OF CEMETERY OR CREMATORY 1234 LOCATION CITIZENS TOWN (SPECIFY) Burial 7/18/80 Arbutus Mem. Pk. Baltimore Co. MD
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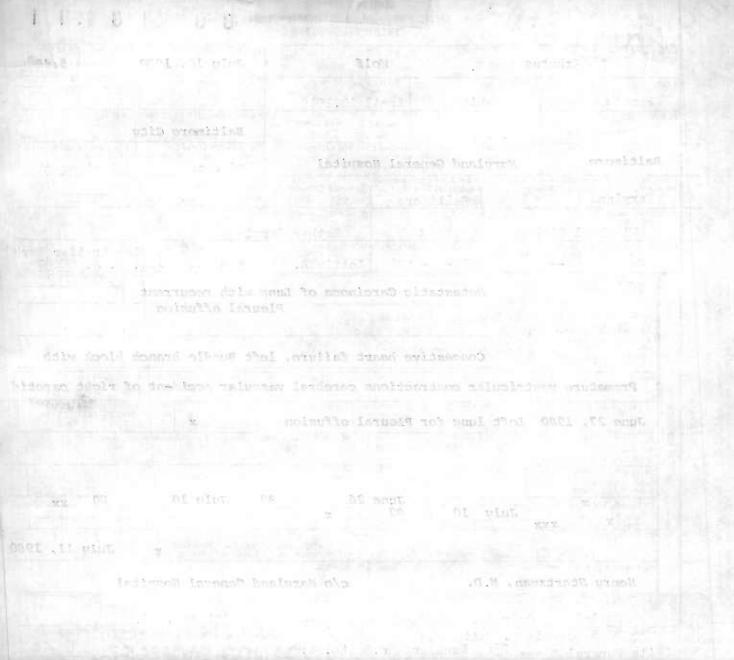
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME O. DATE KNOWN PEXMONTH (TYPE OR PRINT) OF ESTI-Donald Hall 27₁₀ 80 Winebrenner 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHOAY PRONOUNCED 10 80 July 17 1919 male white DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWEDXX DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 2900 Blk Harford Road FOR MOST OF WORKING LIFE)
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EXECUTE THE CERTIFICATE
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TO FUNERAL DIRECTOR:
AFFER DEATH, WITH THE
BAITIMORE, MARYLAND, 2 Autapsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident XX Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/27/80 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 PennStreet, Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION July 30,1980 Baltimore National Maryland Burial Balt.Citu 9 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Leonard J. Ruck, Inc. 5305 Harford Rd. Balt.Md. 15M 7/77

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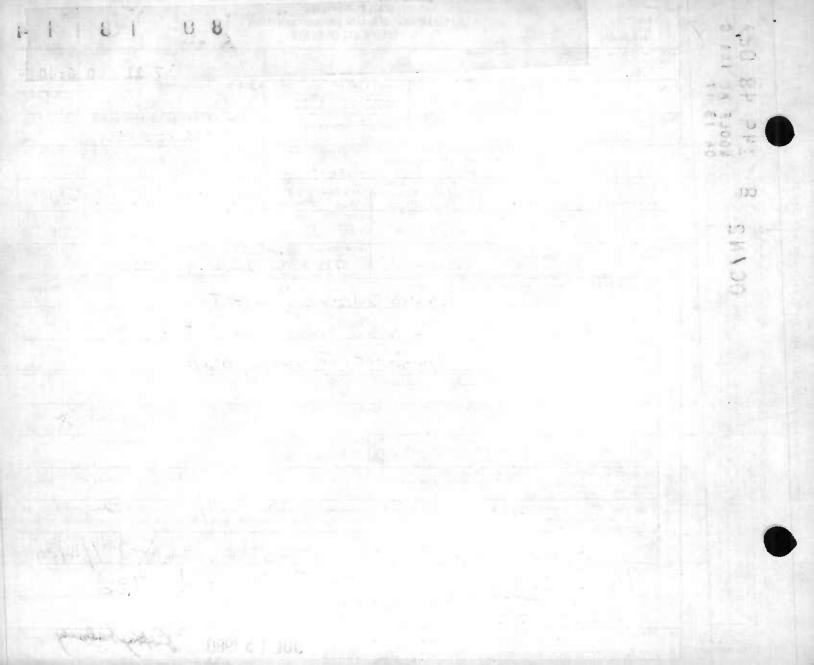
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111	00. V	S. NO. OR UNKNO	DEVER IN U.S. A	NE WAR OR			16-46			uo 11	702	ADDRE				CT.	
-	1							7)7	Roberta I	nall	103	T 2.	Ha	mo			
		PART I DE	OF DEATH (Enter of	anly ane o											APPRO. BETWEEN	XIMATE I	INTERVAL
		11 40		IATE CAU					Cardiova:	scula	r Dis	ease					
L		7 Foodition	ns, if any, which	ch (DUE TO, OR	AS A CONS	EOUENCE C	F									
		gave ri	ise ta immedia	ite)	(b)												
1		lying cau) stating the <u>unde</u> use last.	ar-	DUE TO, OR A	AS A CONSI	EOUENCE C	F									
		0.07.0.07050.61	CHILICANA CONOTIO	((c)												
	z	PARI Z UTNEK SI	GHIFICANT CONDITION	W2 COMIKING	JIING TO DEATH B	UI NOT RELATE	O TO THE TERMI	NAL OISEASE	OR CONDITION GIVEN IN PA	RT 1 (σ).							
1	5	19a. DATE OF	OPERATION		19h CONDITI	ION FOR W	HICH OPERA	TIONW	AS PERFORMED?						20 AUTO	OBSV2	
	FIC.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TEN ONNED.								
T	ERT	21a EXTERNA	AL CAUSE WAS		21b. TIME OF	INJURY		21c. HC	W INJURY OCCURRE	D LENTER NA	TURE OF INJ	JRY IN ITEM	18 PART 1	OR PART	YES (2)		NO 🔀
	ALC	UNDERLYING	OR OR	E DE ATU	HOUR A.M.	MONTH E											
	MEDICAL CERTIFICATION	21d. INJURY C	COLUMN TO THE PARTY OF THE PART	DEATH	P.M. 21e. PLACE O				CATION								
	M	WHILE C	NOT WHILE		STREET, FACTO	DRY, FARM, ETC.)		REET		CITY OR TOV	/N		COUN	ITY		STATE
	10							1		[47]							
			fy that I taak cha					Autops		_	Inquiry	LJ	and in r	ny apin	nian		
		death result	ed fram: Nat	tural caus	es 🔀,	Accident L	, Suid	ide 🔲	Hamicide	Undeter	mined ma	nner L	J.				
		ACTUAL	190	suce	PI	Dala			TITLE (SPECIFY) Assistant	t				ATE	7	1/28	/80
1		SIGNATURE.	COL	2 mile		Jugar		M.	D	MEDIC	AL EXAM	INER		IGNED	-	720	, 00
-	3	EXAMINER'S (TYPE OR PRI	NAME Vir	gini	a L. Do	olan,	M.D.		ADDRESS		11	1 Pe	nn s	Stre	eet		
23				236. DA1	TE .	23c. NA	ME OF CEN	ETERY O	CREMATORY	23d. LOC	ATION			-			
	Bi	irlal	TION, IREMOVAL	8-2	08-5	K	ing's	Me	m. Park	RE	inda.	llst	own	COUNT	¥	Mic	i.
2	4 FU	NERAL DIREC	TOR		400000	1 -			25a. DATE F	REC'D. BY R	EGISTRAI				SHATURE		7
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1	FOR		DEPARTA	MENT OF HEALT	H AND MENTAL	HYGIENE	628	1 0	4 9	-9
11.	REGISTRAR		MEDICAL E	XAMINER'S	CERTIFICATE	OF DEATH	REG. NO	1 8	1 1	3
1. D	ECEASED NAM	E FIRST	WIDDLE	Part William	LAST		ATE KNOWN X		DAY YEAR	2b. HOUR
(1)	YPE OR PRINT)	ALEX			WOODSON, J	R. DI	OF ESTI-	7 1	0 1,80	. AA
3. SI	X		5. DATE OF BIRTH		INDER 1 YR. IF UNDE	ER 24 HRS. 2c.	DATE	MŌNTH [DAY YEAR	13:22
	male	negro	MONTH DAY YEAR	LAST BIRTHDAY) MOI	NTHS DAYS HOURS	MIN PROI	NOUNCED DEAD	7 1	0801	D M
7 o. l	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WHAT COUNT	TDV2	RIED NEVER MAR	9. B/	ALTIMORE CITY O	R COUNTY C		
1	OREIGN COUNTRY)		11.5. A.	WIDO	_		altimore	City		MD.
10. (CITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL NUR	SING HOME, OR O	THER INSTITUTION	12a. USUAL C	CCUPATION ITYPE	OF WORK 12b	KIND OF BU	
1101	Baltim		Johns Hopkins			Fork L	FT Open	elor d	Bell	Mesk
	STATE STATE	(IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE E	OR POWN	13d. INSIDE CITY LIMITS?	130 STREET	DDRESS TO	Toot	1	
14.	FATHER'S NAM	E	1	C. U.	15. MOTHER'S MAI	IDEN NAME	- 116	211, 04		
	APOON	1. 11/00	SOSON S	AST P	mam	File ge	and of		LAST	
	WAS DECEASE			IAL SECURITY NO.	17. INFORMANT	01	ADDRESS	,	4 33	4 04
	No	JANA TES, GIVE W	215-	18-6444	TLOKIN'	E Woo	d501116	.25 8	1/020	for Al
-			ane cause per line far (a), (b),						APPROXIMATE BETWEEN ONSET	INTERVAL
	PARTIDI	EATH WAS CAUSED IMMEDIATE	BY: Arteri	oscleroti.	c cardiova	scular d	lisease	195		
	45	292	DUE TO, OR AS A CON	SEQUENCE OF						
		ins, if any, which	(b)							HERE!
	cause (a) stating the <u>under-</u>	DUE TO, OR AS A CON	SEQUENCE OF						203
	lying co	use last.	(c)						Erris	200
	PART 2 OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO GEATH BUT NOT RELAT	ED TO THE TERMINAL OISE	ASE OR CONDITION GIVEN IN	PART 1 (u).				
NO.	- 39									
15	19a. DATE OF	FOPERATION	19b. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED?		8		20 AUTOPSY?	
E			A 10 10 10 10 10 10 10 10 10 10 10 10 10						YES 🗆	NO 🖾
CERTIFICATION	21g. EXTERN.	AL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH		HOW INJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN ITEM 18 F	PART 1 OR PART 2)	
CAL	CONTRIBUT	G OR ING CAUSE OF DI		19						
MEDICAL	21d. INJURY	OCCURRED	21e. PLACE OF INJURY STREET, FACTORY, FARM, ET		OCATION STREET	CIT	ORTOWN	COUNT	Y	STATE
×	AT WORK	NOT WHILE AT WORK	SINEET, FACTORY, FARM, ET	C.1		CII		200141	5.44	
	220 1		of the remains described above	ve held on Aut	opsy , Inspect	tion X	quiry , on	d in my opinie	on	
	death result		al causes X, Accident	Suicide	Hamicide	Undetermin		opini		
	deam result	led Irolling Inditing	Accident	, Soicide (TITLE (SPECIFY)		.co.monner/			
	ACTUAL SIGNATURE	MA	N	h_	M.D. Assista		EXAMINER	DATE SIGNED_	7-11-	-80
	SIGNATURE		M. Dixon, M. I		The state of the s	111 Pe		310NED		
ar .	EXAMINER'S	INAPPE :	M. DIAOH, M.I	•	ADDRESS			V-11-0		
23a		ATION, REMOVAL 23	b. DATE 23t. N	IAME OF CEMETERY		23d. LOCAT	ION >	COLINIA	-fi h	ATE \
	(SPECIATE)	ul	1/15 180	Balls		Non	164-Touts	Tion	Salto	· May
24.	FUNERAL DIRE	CTOR	1 shows 1-	D	7 250. DAT	TE REC'D, BY REC	SISTRAR 256. REGI	STRAR'S SIQ	NATURE	
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A. M. goods as make freeze Charles Marie Transfer for the State of the State of

	Ny.	-				STAT	E OF MARYLAND	H		- Pare		
. W_	8.	1 -	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	GIENE 8 0	0.	1 8	1 1	4
0 3			CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
v be	3		DR. INA		G.		WOOLF		7 1	1 80	6:40	a
E COSTO		3 SE		4 RACE		5 DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS		HR5
6. 0	2		FEMALE	WHITE	E	JUN		63	YRS.			14.4
O TO STATE OF THE	59	C	RTHPLACE (STATE OR FOREIGN SUNTRY) MICHIGAN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED D	Baltin Baltir				MD
المراجع المراج	311	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS	OR
or the sol w	25	1	BALTIMORE		s Hopki		neni + a 1	DOCTOR	F WORKING LIF		METRY	
24 hours of in the be file	100	USU	L RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	I, GIVE RESIDENCE BEFORE	ADMISSION)	-	In cross consec				_
ND in 24	24			LTO.	BALTIM	ÖRE	AER NOTEY	3711 SEVI	EN MII	LE LA.	#2120	8
with with tely shoot	200	14. FA	THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA	AME		- 46		
Murted Con	000	-	ÁBRAHAM	MIDDLE	GRÄŸ		· HANNAH	WIDDLE	F	BERENGA	RTEN	
X S S S S S S S S S S S S S S S S S S S	6		AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT DR.	GERSON WOOTE	\$5			
ow age		,	es, no or unknown) (if yes, giv	VE WAR OR DATES)	326-16-	3681	3711 SEVEN	MILE LA.	#212	208		
ALT ICATE			IS CAUSE OF DEATH (Enter of	nly one cause per	r line far (a), (b), and	dicui				APPRO)	ONSET AND DE	ATH
Portification of the page of t			PART I DEATH WAS CAUSE	ED BY TE CAUSE (a)	Corc	LOT.	oulmono.	arvest				
or re	9,5,5,5		1749	-	R AS A CONSEQUE	NCE OF		- 4				
stron, tron,	13		Conditions, if any, which	((b)	CONSEGUE	I	ing introdu	uctor CA				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHY SICIAN The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and the physician strending physician is permit. Then please remove carbon papers. Pages I and a should be filed in bits and Menial Hygiene prior to berrial, cremation, or emoval.	100		gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	0 + 10	1 11				
or w	100		underlying cause last	(c)	me	tost	C311 10 10 10 1	S MWH				
S, 20 equi	17	7	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	NINAL DISEASE OR CON	DITION GIV	EN IN PART 1	01	
or to		CERTIFICATION										
The The le principal de princip		ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	YING CAUSES	NGS USED OF DEATH?	,
ALRE THE THE COLOR OF THE PROPERTY OF THE PROP		RTIF					1	YES NO		s 🗆	NO [
NG PHYSICIA right physician retribis certifica and Mental Hyg	1)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18, P	PART I OR PART 2)		
HYSI physical physica	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.	м.	19						
DING Pluce P		WED	214 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
DIN Itten	0		WHILE NOT WHILE AT WORK									
Se S	2		22a I certify that (I) (this hasp	7////	ne deceased from	77.	19_80	. 10		19	that (1) (we)	
ATT pital for u			saw the deceased alive or above, (I) (we) (did) (did no	at) view the bady			nd that in (my) (aur) apinian	death occurred on the de	ate and hav	r and from the	causes states	d
DIR Post			22b. SIGNATURE	7	11-		DEGREE		1	22c DATE	SIGNED	
PITAL by the ERAL e detac State			Man	n1.	Med	7	ATTENDING PHYSICIAN	MEDICAL STA		1//	11/20	,
HOSPIT hed by UNER. Id be de the Sta		1	274 PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS	DCIA	-	7-1		
- E L 3- C			MOYKI	· heo	ting	1	320174.	toni St, A	pt 1	36	P High	
Teta Shoot With		23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE	J WAR	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
BP			BURIAL	7/13/		HAARE	I TFILOH	BALTIMO		0.200	LAND	
DHMH-16 25	M	24. FL	NERAL DIRECTOR SOL I	LEVINSON	& BROS.,			TE REC'D. BY REGISTRAR		A POST	week	
(VRA 15, 4) 1			COLO DELCERE		DAITE	MD	2121F UUL	1 5 1980	0 -1	/	/	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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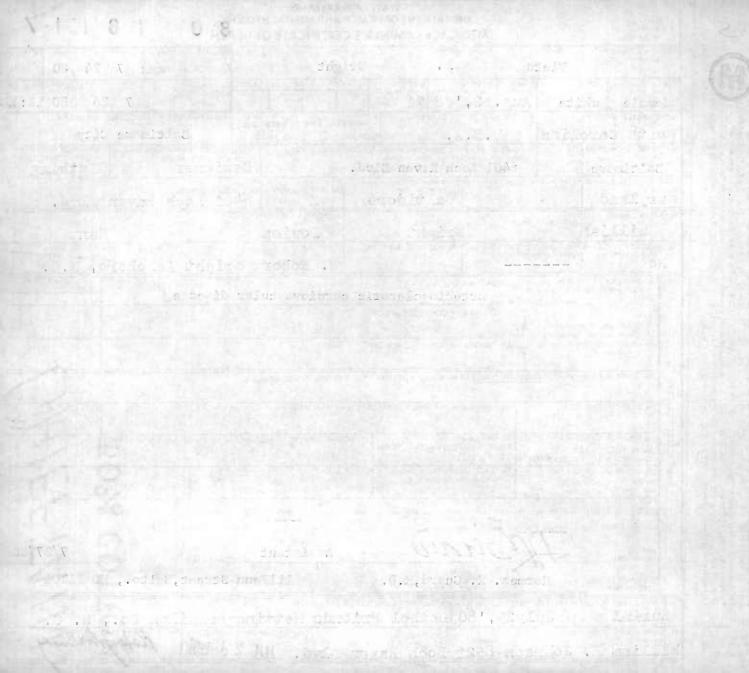
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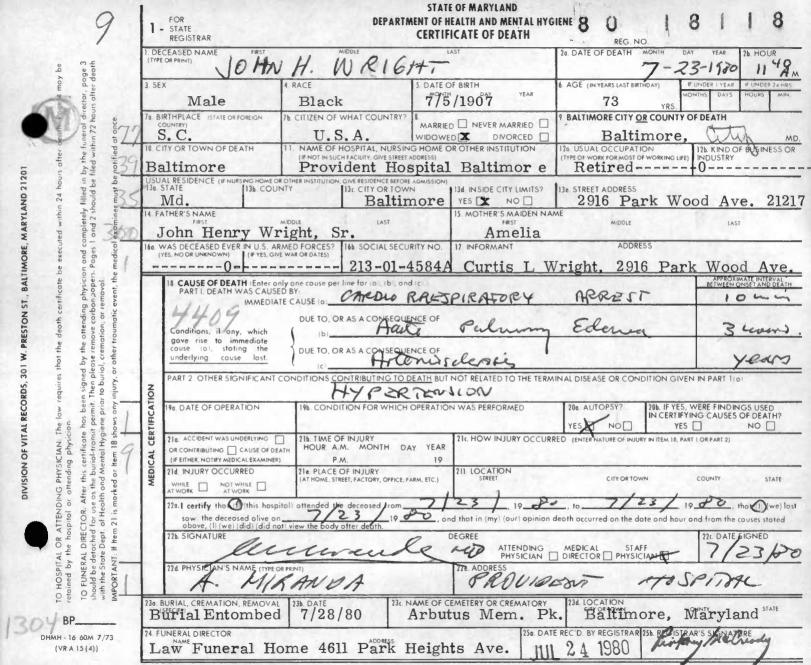
DHMH-16 25M (VRA 15, 4) 1/79 5'2 U 3501 : Jonathan Worldman ... Norrusm, Kansass Televisia material de la constitución de la constit Cremation 5/2/80 Orean Mount Salton, 4905 York Road Ballo., Nd. 21212

7	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
750	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	WRIGHT	24. DATE OF DEATH	7 23 1980 10.25 PM
dan dan	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) # UNDER I YEAR IF UNDER 24 HRS
once.	MALE	BLACK	MONTH DAY YEAR	78	YRS.
To hear	76. BIRTHPLACE ISTATE OF FOREIGN COUNTRY)	Md CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH
to local	10 CITY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ADDRESS) Pine Roy.	126 USUAL OCCUPATE TYPE OF WERE FOR MOST O	
and the fill	USUAL RESIDENCE IN NURSING HOME 130 STATEH & 136 COL	OR OTHER INSTITUTION, GME RESIDENCE BEFORM INTY	VN 136. INSIDE CITY LIMITS?	130. STREET ADDRESS	2824 Rda Street
npletely nd 2 should	14 FATHER'S NAME MP V M	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
Pages 1 are the med		REMED FORCES? 166 SOCIAL SEC. 213-10	JRITY NO. 17 INFORMANT	MUNN 6201	Lennox Ave NT, NY
ending physicia carbon papers. E on, or removal. traumatic event	PART I. DEATH WAS CAUS				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ending carbon on, or re traumal	1539	DUE TO, OR AS A CONSEOU	ENCE OF Metastatic liv	a commond	
crematic	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU			
n signed hen pleas to burial iy injury,		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
iene prior	190 DATE OF OPERATION 1977 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Mental Hygin or Item 18	00 000 000 000 000	EATH HOUR A.M. MONTH D	AY YEAR	IRRED (ENTER NATURE OF WHUI	RY IN ITEM 16, PART 7 OR PART 2]
and Me	OK CONTRIBUTING CAUSE OF DEPTH OF THE CAUSE	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC 21f LOCATION STREET	CITY OR TOV	NN COUNTY STATE
of Healtl	220 I certify that (I) (this has	pital) attended the deceased from. 07-11-19- not) view the body after death.	01-19 19 00 3 and that in (my) (aur) apinio	. 10	, 19 00, that (I) (we) last ate and hour and from the couses stated
tached for ute Dept. of I	1226 SIGNATURE ALEX	1 1/1/10	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 7-23-80
hould be detaction the State	224. PHYSICIAN'S NAME (TYPE	ORPRINT) SCHICK		nai Hoyital	
shout with	230 BURIAL, CREMATION, REMOVA	- / - /	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY STATE
HMH-16 25M	24 FUNERAL DIRECTO	ADDRESS	25 1 25 1	NE REZ OSBY TOBOTAR	251 REGISTRAY & SIGNATURE

CITED STATES Course Training To the Street Course

12	11.	FOR STATE	DEPARTMEN	STATE OF MARYLAND NT OF HEALTH AND MENT	AL HYGIENE	18117
0		REGISTRAR		AMINER'S CERTIFICAT	E OF DEATH O REG. N	
0		PE OR PRINT) F1e	middle L.	Wright	20. DATE KNOWN (OF ESTI-	
(計算)	3. SE				DEATH MATED X	17 M
W.		emale white		AST BIRTHDAY) MONTHS DAYS HOU		7 26 1980 11:49
SSAR RAL D R YO HIN 7	7 o 8	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY			OR COUNTY OF DEATH
NECESSA FUNERAL 5 FOR Y W. PREST	ON	orth Carolina	U.S.A.		ORCED Balti	more City
AY IS N THE FI AGE 5 FILED, 301 W	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 126. KIND OF BUSINESS OR INDUSTRY
() @_ 111 vid	0	Baltimore	6401 Loch Rav	en Blvd.	Designer	Clothing
F ANY I AND 3 RETAIL HOULD	5 M	at residence (if in nursing home of state aryland 13b. count		TOWN 13d. INSIDE CITY LIM	115? 13e STREET ADDRESS	Raven Blvd.
	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S N	AAIDEN NAME	LAST
HORE, MI	20	William	Wrigh.	t Loui	sa	Hunt
IMORE FORM FORM ION OR	1 1	WAS DECEASED EVER IN U.S. ARA (ES, NO, OR UNKNOWN) (IF YES, GIVE V		SECURITY NO. 17. INFORMANT		
BALTIM URS AFTE B. GIVE P WITH FC DIVISION	'				ert Wright Ash	leboro, N.C.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. RITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 3 ROED TO THE CHIEF MEDICAL EXAMINER AICNG WITH FORM PM. E. 3 SHOULD BE USED AS A BURRIALTRANSIT PERMIT, PAGES 1 AND 2 PROPR TO BURLING OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH PRORY TO BURRIAL CREMATION, OR REMOVAL.		PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), onc) BY: E CAUSE (a) Arteriosc DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO	lerotic cardiova	scular disease	APPROAMATE INTERVAL BETWEEN ONSET AND DEATH
XECUTED XECUTED G" IN PE CAL EXA BURIAL: AND MEI		lying cause last.	(c)	O THE TERMINAL DISEASE OR CONDITION GIVEN	IN OARY 1 (a)	
ECORD BE EX ENDING MEDIC AS A ALTH A	NO		ON THE PERSON NOT RECEIVED IN	THE TERMINAL DISEASE OR CONDITION DIVER	IN PART I IQ	
F VITAL RECORDS, 3 TE SHOULD BE EXEC WORD "PENDING". HE CHIEF MEDICAL D BE USED AS A BUI D SE USED AS A BUI SURIAL, CREMATION,	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED?		20. AUTOPSY? YES NOXX
IVISION OF VITA CERTIFICATE SHC RING THE WORD TING THE CH 3 SHOULD BE U DEPARTMENT OF		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY	Y YEAR 19 21c. HOW INJURY OCC	URRED LENTER NATURE OF INJURY IN ITEM 11	
= 2 4 0 - 2	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE SEXECUTE THE CERTIFICATE, VENCE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STARBALTEMORE, MARYLAND, 2120	7	death resulted fram: Nature ACTUAL SIGNATURE	e of the remains described obave, h	Suicide . Homicide . TITLE (SPECIF ASSIST	Undetermined manner Y) ant MEDICAL EXAMINER	DATE 7/27/80 SIGNED
MED SCUTI 3E 4 FUN FUN TIMO	Open	EXAMINER'S NAME HO	ormez R. Guard,	M.D. 1	11Penn Street,Bal	to., MD 21201
708 BP	1	urial, Cremation, Removal 2: Surial Ju			23d LOCATION tting Randilph	
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 25b. REG	Like /Kelredy
15M 7/77	W	IIIam E. John	nson 8521 Lock	n Raven Blvd.	JUL 28 1980	

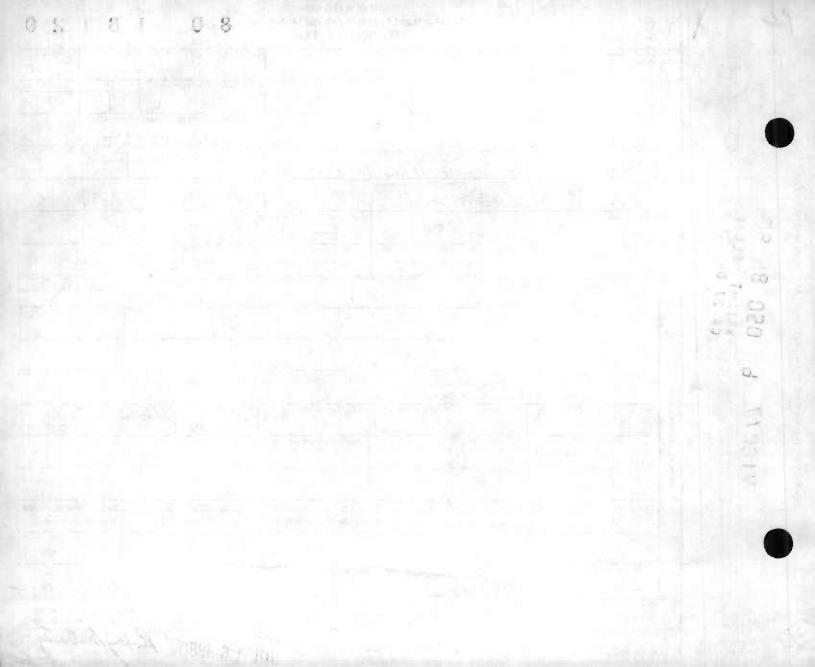


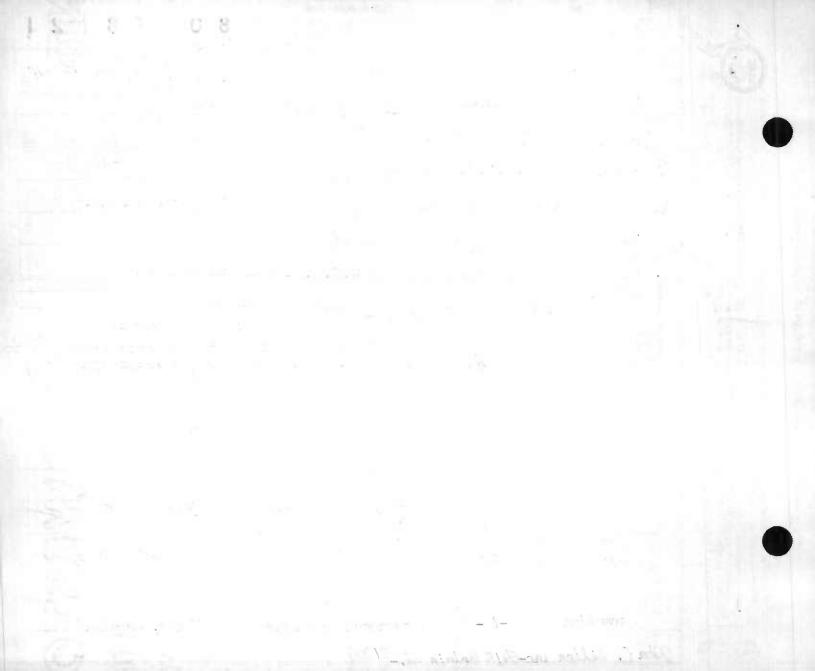


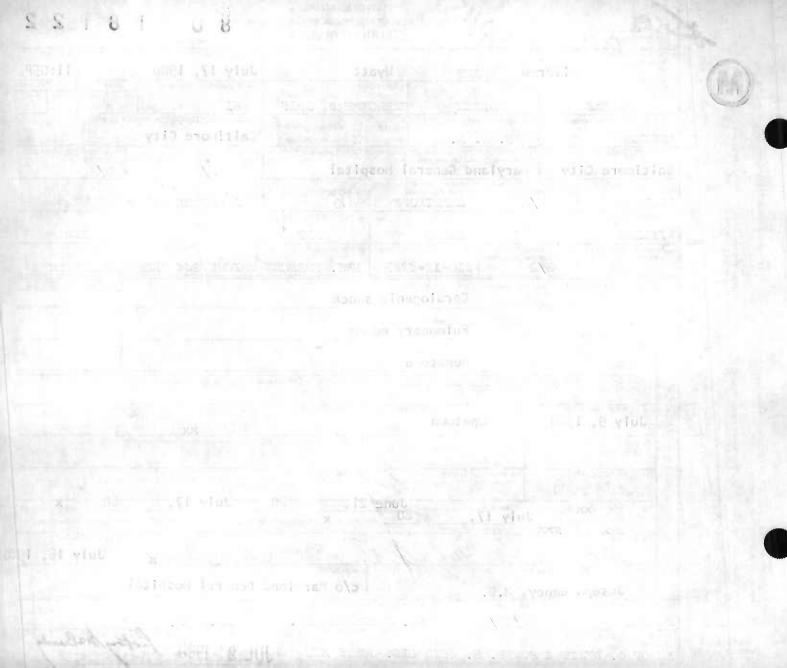
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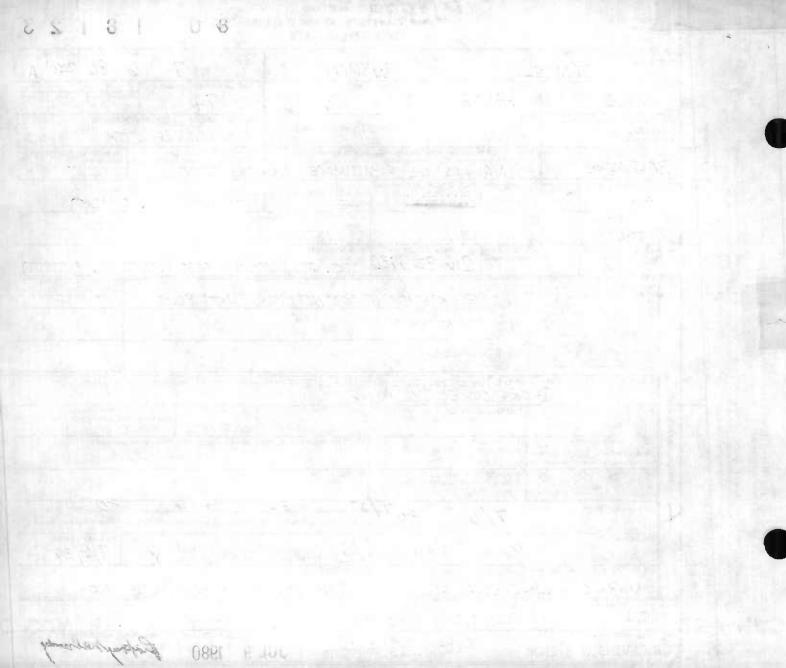
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*					OF MARYLAND .	is a		A 175 AT
- 1	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	! 8	2 0
		EASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
ed (Man)			llie	Wr	ight		7 15 80	9.35
aa aa	3 SEX		4 RACE	5 DATE C	F BIRTH	& AGE (IN YEARS LAST BIRTHO	AY) IF UNDER 1 YEA	R IF UNDER 24 HR
age 4		F	В	7 month	22 DAY 08 YEAR	71	YRS MONTHS DAYS	HOURS MIN
houn hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY?	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
oes n 72		S.C.	USA	WIDOWE		Baltimo	re City	,
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tal or attending tal or attending to the control of the control of Health and In 21 is marked	MEC	27a I certify that Thuthis has saw the deceased alive of	spital) attended the deceased	from 6	d that in (my) (aur) apinion of	0, to 2/1	5 19 87 and hour and from th	, that (h (we)
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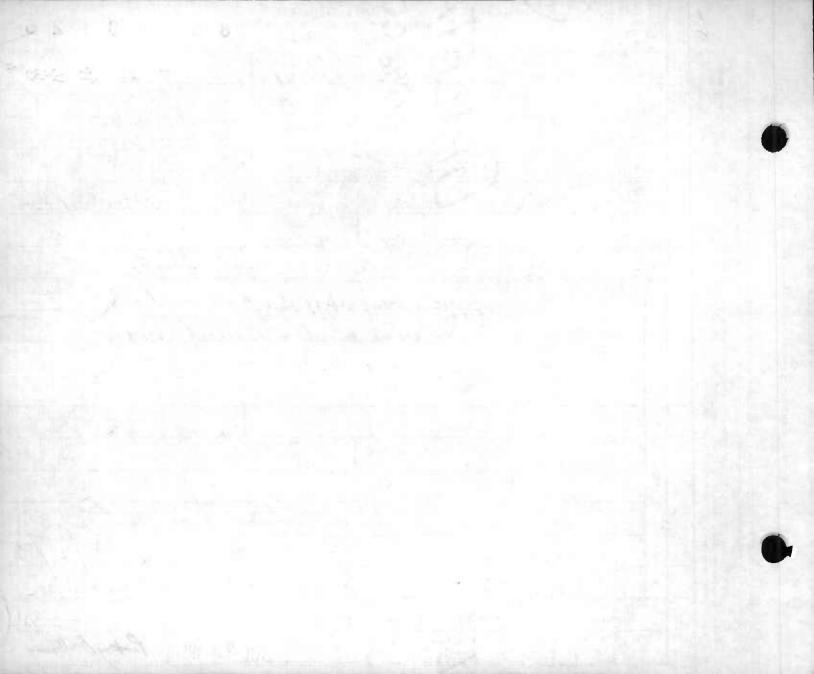








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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-19.80 Delrov Young 31 DEATH MATED SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 2:48 19 80 RESTON S DEAD PM Male Black. 1949 30 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE O MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED [Baltimore City, DIVORCED SHOULD BE FILED, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS PAGE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OR INDUSTRY Baltimore 637 Archer Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Winchester Street 2749 Balto. NO Md VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles Young Lucy Lewis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS DIVISION PAGES (YES, NO, OR UNKNOWN) LIFYES, GIVE WAR OR DATES 214 50 0320 Elmer Lewis 2749 Winchester Steeet No CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c). BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab Wound to Back IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND CREMATION, DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO USED AS A I CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES NO E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA TIME OF INJURY 21g. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL 2:40PM Subject stabbed CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 637 Archer St., Baltimore Md. house TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S'
BALTIMORE, MARYLAND, 21 X 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Hamicide X death resulted fram: Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7/31/80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore. Maryland Burial 8-7-1980 Mt. Auburn Cem 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** VR A15 ME (5)) Isaiah L. Brown & Son PA 1913 W. Balto. St. 15M 7/77

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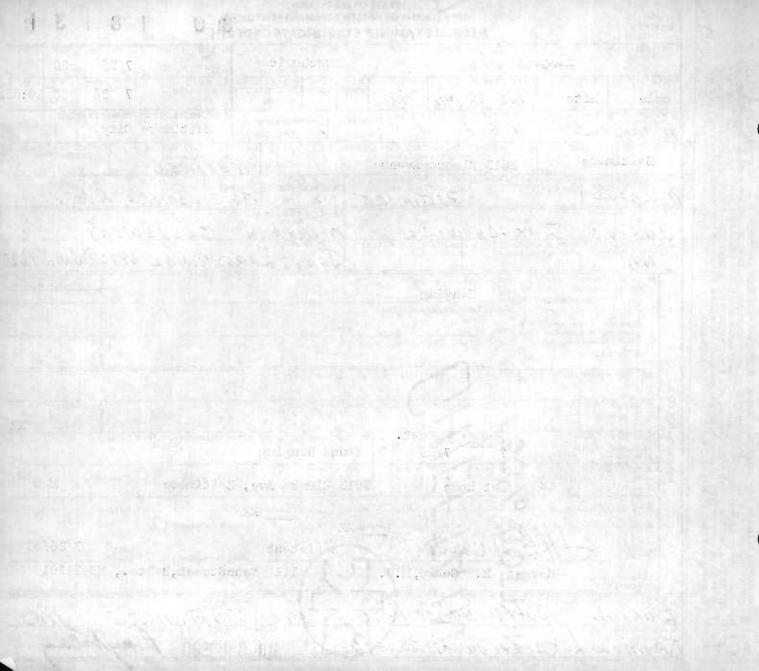
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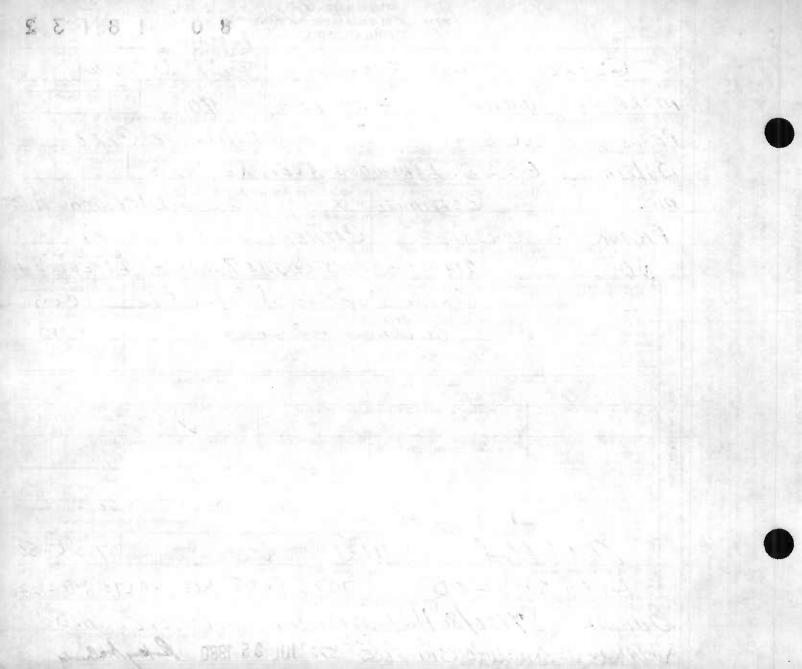
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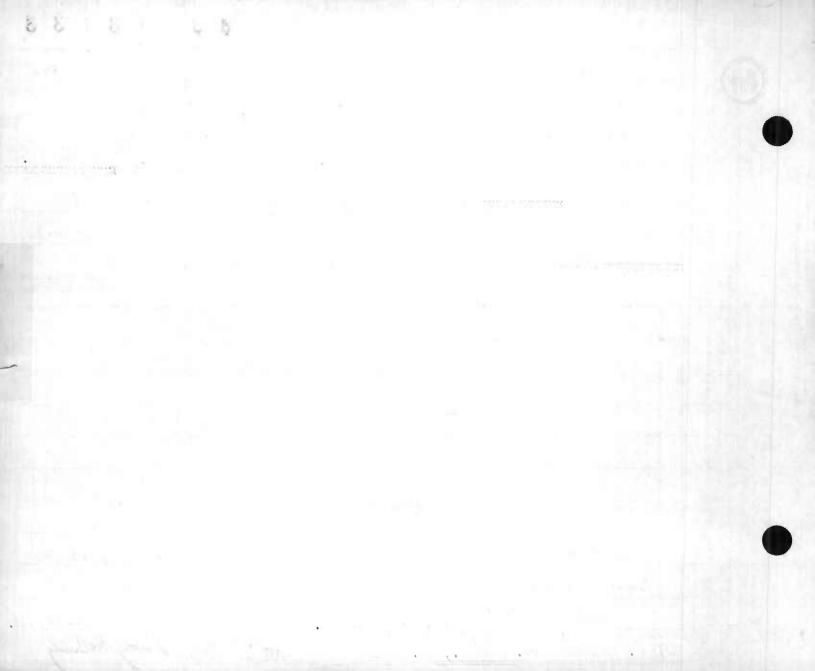
TCOI YELL 211 is.

DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN MONTH (TYPE OR PRINT) Lewis Louis OF ESTI-Zarachowicz 1980 HOURS STREET, DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED 80 10:054 white male. DEAD 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED Baltimore City WIDOWED 7 DIVORCED ILED. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Baltimore 3613 Elmora Avenue ETIRED SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES M 14 FATHER'S NAME 7. INFORMANT DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c), ISIT PERMIT. HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging JMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF O BURIAL YES [WARDED TO THE CIPAGE 3 SHOULD BE NOXX 8E 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY CSC. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING found hanging MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) $M\ D^{\text{STATE}}$ COUNTY AT WORK AT WORK XX Elmora Ave, Baltimore STATE at home MARYLAND, 2 22a. I certify that I taok charge of the remains described above, held an Inspection XX Inquiry and in my opinion death resulted from Hamicide L Undetermined monner Assistant 7/26/80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, 8 DATE SIGNATURE MEDICAL EXAMINER SIGNED PennStreet, Balto., MD 21201 111 R. Guard, M.D. Hormez EXAMINER'S NAME (TYPE OR PRINT) 23 NAME OF CEMETERY BURIAL, CREMATION, REMOVAL 236 DATE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGIS RAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77



			STATE OF WAKITAND		
6	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	IENE 8 0	1813
	DECEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
· ·	YPE OR PRINT) GEORGE	= STANLEY	ZARANSKI	July 23	1980
3		RACE	5. DATE OF BIRTH	6. AGE LIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
ni .	nole	11/1/17=	MONTH DAY YEAR	Mo	MONTHS DAYS HOURS
1	BIRTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	427 1910	9 BALTIMORE CITY OR COUN	
te po	SOUNTRY)	S CILIZEN OF WHAT COUNTRY!	MARRIED MEVER MARRIED	PALTIMORE CITY OR COUR	O'-
\$ 1.	ENNA.	U.S.A.	WIDOWED DIVORCED	DALTIMORE	CITY
o De no	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		126 USUAL OCCUPATION 1TYPE OF MYORK FOR MOST OF WORKING	12b. KIND OF BUSINES
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in A	nD.	BALTIA	DOFF YES DE NO []	622 5.1	OKFILLAND.
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other	Canditions, if any, which gave rise to immediate	(b)	au la care	7	
o Jo	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		- B - B - T - S - S
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y injury,		ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
ws any	190 DATE OF OPERATION	TIBL CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
m 18 shows	The Date of Orthanol	THE CONDITION TOR WHICH	SIERATION WAS TEN ORMED	INCER	TIFYING CAUSES OF DEAT
18 84	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			YES NO	YES NO
60	OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA		RED JENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
d or Item	(IF EITHER, NOTHY MEDICAL EXAMINER)	P.M.	19	2-	
rked or Ite	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		201117
marked	WHILE AT WORK AT WORK	LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) STREET	CITY OR TOWN	COUNTY SE
2	22a I certify that (I) (this basput	all attended the decorred from	9 = / 10 7/)	10 7- 23	19. Se, that (1) (
21	saw the deceased alive an	attended the deceased from 19 5	2/ and that in (my) (aux) annion	death accurred on the date and	
Ee J	abave, (1) (we) (did) (did nat	view the body after death.	The second secon	acom accorred on the date and	
Ē	226. SIGNATURE	111	DEGREE		221. DATE SIGNED
	11.00	(lord	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	1-2-5
£	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	220 ADDRESS		*
MPOR IAN	1		707 FF	DT AIR D	ALTO MAN
2	I AI UIS		10/61	ORI AUE, B	ALTO, MO. 2
2	BURIAL, CREMATION, REMOVAL	236. DATE 236. 7	AME OF COMETERY OF CREMATORY	234 (DCATION	COUNTY
_ //	DURIAL	7/26/80 H	LY NOSARY (EM	DAKTIMOR	OF MD
7	FUNERAL DIRECTOR	1	2525 256. DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
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	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 8 1 3
7	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
	ECEASED NAME FIRST FOR PRINT) ADAM	MIDGLE LAST 20. DATE OF DEATH, MONTH DAY YEAR 28
3. 5	X A RACE	S. DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF U
i 35		WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED OF DEATH WIDOWED DIVORCED OF THE STATE OF T
70 K		HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACHTY, GRAP STEET ADDRESS) 120. MEDIAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
13c	A RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION	
No Commune	ATHER S NAME FIRST PROPERTY MIDDLE	Zaworski is mother and Den Name
nedicole 160	WAS DECEASED EVER IN U.S. ARMED FORCES? (15 YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17 INFORMANT JANOUS 1522
any injury, or ather troumatic	Conditions, if ony, which gove rise to immediate cause io), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
8 shows any injur	19a DATE OF OPERATION 19b COND	OITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E
- 2	ON CONTINUOUS CONSTRUCTION	
	21d INJURY OCCURRED 21e. PLACE	OF INJURY 211 LOCATION STREET CHICAGON COUNTY
<u> </u>	WHILE NOT WHILE	m/2 ne) also a
21 is marked o	WHILE NOT WHILE 22 AT WORK 11 (1) (1) In hospital attended saw the decegnal alive op above 11 (was alid) (and por view to bod,	and that in (mx) (quy) against depth accurred as the state and box and from the course
e Dept. of Health o	27s.1 certify that it (this haspital attended a saw the beconded alive against above 11 (was faid) (stid for view the body 17th SIGNATURE	ond that in (my) (our) apinion death occurred on the date and hour and from the cause DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
JT: If them 21 is marked o	22s.1 certify the (1) (this hospital attended saw the become alive op above (1) (was postal attended to be above (1) (was fail (alid above (1) (was fail) (a	ond that in (my) (our) apinion death occurred on the date and hour and from the coust

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